


<p style="text-align: center;"><b>]London Borough of Hammersmith &amp; Fulham</b></p> <p style="text-align: center;"><b>CABINET</b></p> <p style="text-align: center;"><b>10 OCTOBER 2016</b></p>	
<p><b>CARERS PROCUREMENT STRATEGY REPORT</b></p>	
<p><b>Report of the Cabinet Member for Health and Adult Social Care: Councillor Vivienne Lukey</b></p>	
<p><b>Open Report</b></p>	
<p><b>Classification - For Decision</b></p> <p><b>Key Decision: Yes</b></p>	
<p><b>Wards Affected: ALL</b></p>	
<p><b>Accountable Director: Liz Bruce, Executive Director of Adult Social Care</b></p>	
<p><b>Report Author:</b> Chidi Okeke, (Interim) Strategic Commissioner</p>	<p><b>Contact Details:</b> Tel: 07739316371 E-mail: chidi.okeke@rbkc.gov.uk</p>

## 1. EXECUTIVE SUMMARY

- 1.1. The Council's current contract with Carers Network for a carers' hub service started on 1 December 2013. The contract was for an initial period of two years with provision in the contract terms and conditions to extend for a further 18 months. The annual value of the carers hub service contract with Carers Network is £230,200 per year. The contract was extended for a period of 17 months to 30 April 2017. There are no further extension periods within the current contract.
- 1.2. This report seeks approval to re-procure the contract for the provision of an individual central carer's hub service within the London Borough of Hammersmith and Fulham by undertaking a competitive tender process. The carers hub service remains the primary organisation responsible for delivering support to adult carers within the borough.
- 1.3. The service procured will be demand led and geographically based within the borough and aligned to the delivery of neighbourhood and community based carers support. The chosen Provider will work in partnership with community and voluntary, public and private sector care and health based organisations and local faith networks to assess, identify and support carers and form robust referral pathways for carers to access additional support within the borough.

- 1.4. A joint Local Authority and Clinical Commissioning Group (CCG) led engagement and coproduction process with service users, carers and third sector and public providers has been used to determine the scope and configuration of the contract in order to meet operational and service user requirements, in addition to shaping the tender evaluation process.<sup>1</sup>

## **2. RECOMMENDATIONS**

- 2.1. That the strategic approach for the procurement of a carers support service within Hammersmith and Fulham through an OJEU (Official Journal of the European Union) open competitive tender process, be approved.

## **3. REASONS FOR DECISION**

- 3.1. Significant changes in the legislative framework within which carers' services are offered are highlighted in the Care Act 2014. The Act places the carer on an equal footing to the service user as well as placing overall wellbeing at the forefront of an individual's care and support. The Act also sets out a number of responsibilities for local authorities. including:
  - Providing carers with an assessments of their own support needs, applying consistent, national eligibility criteria;
  - Providing comprehensive information and support about local services so that carers know what's available both to them and to those for whom they are;
  - Ensuring that carers receive a personal budget which set out what it will cost to meet their needs and where they are eligible to receive publicly funded support.
- 3.2. Through delivering a central carers hub service, the procurement approach indicated in this report will support our local area policy commitment to carers and our Care Act 2014 duties within Hammersmith and Fulham. The reprocurement of a central carers support hub service, through a competitive tender process, is the way in which the council and clinical commissioning group are seeking to:
  - Deliver a range of information, advice, guidance and support to carers to comply with our statutory duties to carers;
  - In partnership with the Council's own referral and assessment services, strengthen the identification and assessment of carers within the borough;
  - Ensure that carers are well supported in their caring role;
  - Strengthen the service offer to carers within Hammersmith and Fulham;
  - Improve the carers offer and add value to existing carers services and our joint council and clinical commissioning group local area commitments to carers, and the vital care and support role they play within the borough;

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<sup>1</sup> Carers engagement and co-production meetings:

20<sup>th</sup> January, 2016 (Wednesday) 12:00.p.m. - 3:00.p.m.

23<sup>rd</sup> February, 2016 (Tuesday) 12:00.p.m. - 3:00.p.m.

24<sup>th</sup> February, 2016 (Wednesday) from 6:00 p.m. - 8:00 p.m.

22<sup>nd</sup> March, 2016 (Tuesday) 12:00.p.m. - 3:00.p.m.

13th May, 2016 (Friday): 10am – 12pm | Session two: 1.00.p.m. – 3.00.p.m.

Providers engagement meetings:

2nd March, 2016 and 23rd March, 2016.

- Support our policy commitments to enhance the lives of vulnerable adults within our communities.

#### **4. PROPOSAL AND ISSUES**

##### Procurement Objectives

- 4.1. The procurement will result in the award of one local area specific contract in which the Council will contract directly with one provider who will be awarded the contract to operate in Hammersmith and Fulham. It is to be noted that the provider can sub-contract aspects of the service, within the financial envelope given.
- 4.2. The contract will have an initial term of three years with the option to extend for two further periods, each of one year. The proposed tender that is being run exceeds the EU threshold of £589,148 for the category of Social and other specific services, as provided by the Public Contracts Regulations 2015 and will be conducted in accordance with the light touch regime rules applicable to this category of services.

##### What is being proposed?

- 4.3. The model for the re-tendered service seeks to maximise the use of existing generic service offers locally whilst retaining a borough based person centred approach, and will focus on:
  - I. In addition to generic information and advice related to carer specific issues, the provision, in partnership with relevant agencies within the borough, targeted financial, legal and welfare advice at point of access to the service;
  - II. Assessments / Support Planning / Personal Budgets - the provider will undertake these using the Council's electronic case management system Frameworki. This will enable both the Provider and internal care management teams to access the same carer information and better coordinate service delivery for the needs of the carer and the cared for. This is a new requirement which was not in the previous specification.
  - III. The Provider/s working with specialist organisations to facilitate and coordinate the provision of specialist support groups for Dementia, Mental Health and Learning / Physical Disabilities.
  - IV. Partnership working with health and community and voluntary sector organisations to deliver a comprehensive range of carers support within our communities.
  - V. Early intervention and prevention work and signposting towards specialist agencies within our communities
  - VI. The service will be based on an outreach model and will provide support in the communities and facilities in which carers already spend their time. Support will be provided to a wide range of adult carers (including parent/carers of children with disabilities).

#### **5. OPTIONS AND ANALYSIS OF OPTIONS**

- 5.1 The procurement will be undertaken through an open tender process as commissioners believe that will provide best value for the Council. The tender will be open to all qualified and interested bidders and advertised locally, as well as in OJEU. Commissioners will ensure that the open tendering of this

service will give interested providers objective qualifications criteria, clear technical specifications both outputs and outcomes for service delivery; clear and objective evaluation criteria, and be awarded to the best cost / quality provider for the council.

Please see Appendix 1 Procurement Strategy section 3, 3.1 – 3.3. for further details.

## CONSULTATION

- 6.1. Commissioners undertook an extensive engagement and consultation exercise with carers, and associated partners in order to ensure that any proposed service reflected their needs. This process focused on understanding carers' views on the current arrangements, what needed to improve and how the future delivery model could be shaped to address the issues identified.
- 6.2. The consultation and engagement process undertaken involved the following:

What	When	Outcome
<ul style="list-style-type: none"> <li>5 engagement meetings were organised with carers and other stakeholders within Hammersmith and Fulham, including one evening meeting.</li> </ul>	Jan – May 2016	<ul style="list-style-type: none"> <li>50 people attended and engaged in meetings.</li> <li>More carers booked to attend but did not show on the day.</li> <li>Where apologies were given, carers often sited unforeseen caring responsibility as the barrier to attending.</li> </ul>
<ul style="list-style-type: none"> <li>2 provider only events facilitated by the three councils, the CCG's and with the representatives of the Voluntary Sector Councils from across the 3 boroughs.</li> </ul>	March and May 2016	35+ provider staff attended from a range of organisations across the three boroughs, including Age UK, MENCAP, CAB, Life and Balance, Carers Network, Open Age, Age UK, Mind, DWP, Healthwatch, CVS Councils from the 3 boroughs, Carers Network, Carers Kensington and Chelsea, MIND, Open Age, Midaye Somali Development Network, Alzheimer's Society, Turning Point.
<ul style="list-style-type: none"> <li>One to one interviews and digital questionnaires returned with carers who could not attend the above meetings</li> </ul>	Jan – April 2016	<ul style="list-style-type: none"> <li>38 questionnaires have been returned to date from carers who were unable to attend an event on the day.</li> <li>5, 1-2-1 interviews completed with carers who could not attend their pre-booked event.</li> </ul>

<ul style="list-style-type: none"> <li>Other engagement activity</li> </ul>	<p>Jan – May 2016</p>	<ul style="list-style-type: none"> <li>Senior Commissioners also attended a number of forums to engage directly with carers for example: <ul style="list-style-type: none"> <li>Hammersmith &amp; Fulham Carers Forum;</li> <li>MENCAP;</li> <li>MIND;</li> <li>Alzheimer’s Society.</li> </ul> </li> </ul>
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6.3. Carers concluded that there should be the continuation of a central Carers’ Hub within Hammersmith and Fulham delivering information, advice and support, and that the service should be based on an outreach model that provides support in the communities and facilities in which carers already spend their time.

6.4. Further details are provided within Appendix 1 Procurement Strategy Section 8, 8.1 – 8.5

## 7. EQUALITY IMPLICATIONS

7.1. No negative equality implications have been identified within the procurement strategy proposed and the service will support all carers within our communities.

## 8. LEGAL IMPLICATIONS

8.1. The carer support services proposed to be tendered would fall within the Specific and Other Services under Schedule 3 of the Public Contracts Regulations 2015. These services above the threshold value of £ 589,148.00 are subject to the Light Touch Regime (LTR) under the Regulations. Such LTR requires that the opportunity is published in the OJEU and the advertised process followed for the tender plus the Treaty principles of transparency and equal treatment are observed. The proposed open procedure procurement would be in compliance with the Regulations.

8.2. Implications verified/completed by: Babul Mukherjee, Senior Solicitor(Contracts), Shared Legal Services, Ph: 02073613410

## 9. FINANCIAL IMPLICATIONS

9.1. The costs of the contracts will be met from Adult Services Commissioning budgets and the budget holders for these contracts will be the Head of Older Peoples Services Commissioning. The yearly contract value for the London Borough of Hammersmith and Fulham is detailed below and will be funded from the total budget available currently within each delivery unit. The budget for this service is shown in the table below:

Council	Annual Budget (£)
London Borough of Hammersmith & Fulham	230,200
Clinical Commissioning Group – Section 75	40,400

- 9.2. The results of the tender process will be reported to Cabinet which will detail the financial implications on the award of contract.
- 9.3. Implications verified/completed by: P. Daryanani, Head of ASC Finance, 0208 753 2523.

## **10. IMPLICATIONS FOR BUSINESS**

The current care and support market is limited to a reasonably small number of providers. The contract with the provider will promote partnership working with local businesses and organisations within the community most especially voluntary sector organisations who will work with the provider to deliver specialist support and direct referral pathways, and strengthen the local offer of support to carers that addresses their needs.

- 10.1. In addition, it should be noted that there are over three million working carers in the UK and, as our population ages and people live for longer with complex health conditions, this number is set to increase rapidly. Estimates suggest that the number of older people needing care and support will begin to outstrip the number of family members able to provide it as soon as 2017, meaning that working age family members are coming under increasing pressure to provide more care and support to their loved ones.
- 10.2. There is evidence to show that the current impact of staff turnover, absenteeism and stress as a result of juggling work with caring is already having a huge impact on business and could be costing UK businesses over £3.5 billion every year. Greater flexibility and support for those juggling work and care could significantly reduce these costs, save money and increase productivity. Some businesses have introduced this already so the impact to some would be low.
- 10.3. The delivery of an effective central carers resource within the borough that is working with other private, public and statutory agencies to directly support carers and provide information to organisations regarding the needs of carers will act as an important council mechanism to address carers related workforce and employment issues.
- 10.4. In order to deliver this, commissioners will be evaluating tender organisations on their previous experience of: (a) Working with other voluntary sector agencies, statutory agencies and ensuring that carers are supported to access opportunities within the borough. (b) Working with local businesses to support carers and promoting the needs of carers. (c) Supporting carers in work, and into employment within the borough. (d) Providing volunteering / employment opportunities for carers within the contracted service.

## **11. OTHER IMPLICATION PARAGRAPHS**

### **Procurement**

- 11.1 The nature of the services being procured fall within the “Social and other Specific” category of the Public Contracts Regulations 2015 and, as the financial value of the proposed contract is above the £589,148 threshold for these services, will need to be advertised in the Official Journal of the EU. Once advertised, however, there is significant scope for discretion in how the council runs the procurement under the “light touch regime” section of the Regulations, provided it is done in a fair and transparent manner.
- 11.2 The report’s appendix sets out a detailed strategy for re-procuring a carer’s hub service; describes the key outcomes the new contract will directly deliver and other wider community benefits it will contribute towards (including cost avoidance in other areas); and reports on impressive stakeholder and market engagement undertaken (including co-design with the local voluntary and community sector) to inform the strategy. Where the appointed contractor is unable to directly provide specialist niche services themselves, they will be encouraged and expected to include local 3<sup>rd</sup> sector organisations within their supply chain to meet local needs, thereby also giving effect to the Administration’s policy objectives of in this area.

Comments provided by John Francis, Interim Head of Procurement (job-share) 020-8753-2582.

## **12. BACKGROUND PAPERS USED IN PREPARING THIS REPORT: N/A**

## **APPENDIX 1**

### **PROCUREMENT STRATEGY REPORT**

#### **1. OVERARCHING STRATEGY**

- 1.1 Hammersmith and Fulham recognises the fact that carers play a vital role in providing unpaid support for vulnerable children and adults who are frail, ill, disabled, or who have mental health or substance misuse problems. This can at times affect Carers' own health and wellbeing. The government has recognised the importance of supporting Carers of all ages through the Care Act 2014 and the Children and Families Act 2014 which, for the first time, placed the needs of Carers on a par with those they care for.

#### **Carer's Data**

- 1.2 Within Hammersmith and Fulham it is estimated that there are 12,330 residents providing unpaid care (2011 Census), which is the 3rd lowest nationally, of whom 2,530 (21%) provide 50+ hours a week, and 37% Male, and 63% Female. The 2011 Census identifies highest levels of provision of 50+ hours a week in the far north of the borough in College Park & Old Oak and Wormholt & White City, areas of relative deprivation and social housing. Fulham Broadway and Sands End also have a high rate of provision compared to the borough average.

#### **Council Duties**

- 1.3 The Care Act 2014 has meant important changes for Adult Carers from 1st April 2015. It has put Adult Carers on an equal footing to those that they care for and is driven by the principle of promoting well-being for both the Carer and the cared for person. The Act sets out in law what local authorities and their strategic and operational partners must do in relation to Adult Carers and means that they must take steps to prevent, reduce or delay the need for care and support for Carers.

#### **NHS Priorities**

- 1.4 In addition, NHS planning guidance sets out how the NHS will implement its duties under the Care Act (2014) and Children and Families Act (2014); for Clinical Commissioning Groups to work alongside authorities to draw up plans to identify and support Carers, particularly those who are Young Carers and those over 85 years old.

#### **Care Act 2014**

- 1.5 The Care Act 2014 has mandated legislative changes with regards to providing support for carers and addressing a range of statutory requirements for carers' services. In response to this Hammersmith and Fulham is committed to the delivery of a central carer's hub service to support carers within the borough. The Hammersmith and Fulham Carers Hub service will support the council's duties under the Care Act 2014 through the hubs prevention based approach to supporting carers. The service will continue to support carers to maintain their caring role to reduce, delay and prevent the need for more expensive interventions such as hospital or residential care for the cared for person. The service will also be processing carers assessments through delegated authority under the



Act. The new contract enhances previous work and meets the vision to make Hammersmith and Fulham fairer where everyone will have the same opportunity to reach their potential and enjoy a good quality of life.

Partnership Working With Other Agencies

- 1.6 The Council managers and administers a series of contracts with the local Third Sector from larger contracts to small grants funded through Adult Social Care and Delivery and Value Directorates. It is expected that the successful contractor for the provision of carers support works with these agencies to ensure no duplication in service delivery and clear referral pathways between organisations in order that carers needs are addressed as expediently as is possible in order to prevent the further escalation of their problems.
- 1.7 The service specification will highlight partnership organisations that the contractor will be expected to work with and the referral pathways that should be developed. It is anticipated that the contractor could use to subcontract aspects of the service to other organisations including specialist support groups and aspects of the legal, welfare and financial advice if they do not have the capacity themselves and it is not being provided within the community.

**2. FINANCIAL INFORMATION**

Efficiencies and Value for Money

- 2.1 An increase in carers assessments will form efficiencies as this will either, increase the number of assessments completed or release capacity in operational care management teams to increase assessment activity. Supporting carers to maintain their role is a key feature of this service to help support the local health and social care economy by reducing the burden on more expensive and potentially institutional care for those that carers care for.

Budget

- 2.2 The costs of the contracts for the Council will be met from Adult Services Commissioning budgets and the budget holders for these contracts will be the Head of Older Peoples Services Commissioning. The yearly contract value for the London Borough of Hammersmith and Fulham will be funded from the total budget available currently within each delivery unit.

**3. OPTIONS APPRAISAL AND RISK ASSESSMENT**

- 3.1 The options appraisal and risk assessment are detailed as follows:

1	Do nothing	<ul style="list-style-type: none"> <li>a) The council has a duty to ensure residents with assessed eligible social care needs have access to the care services they require, as well as new duties under the Care Act 2014 to promote vibrant, diverse and sustainable care and support markets.</li> <li>b) The existing contract will have run out and Local Authorities have statutory duties to provide support for carers. There are</li> </ul>
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		<p>no internal or external services that provide a coordinated access point of specialist information, advice and support for all carers within the borough if we decide to decommission a central hub service within the borough. As a result health and wellbeing outcomes for carers may worsen.</p> <p>c) The council could do nothing and simply spot purchase care services beyond the current end date of the existing contract. This would result in a very fragmented market where the council has less influence and certainty on the cost of services and less influence over the quality of services.</p>
2	Single supplier negotiations	<p>a) In the context of a developing market, undertaking single supplier negotiations with existing or individual providers exposes the council to the risk of legal challenge.</p> <p>b) Public procurement duties require local authorities to ensure it uses fair, equitable and transparent process for the letting and awarding of contracts and conducting a tender exercise is typically how local authorities comply with these duties.</p>
3	In-house delivery	<p>a) The delivery of a service of this nature would require extensive recruitment, management and development of specialist staff; each council does not currently employ sufficient staff with the required range of skills to deliver this service.</p> <p>b) The service may be costly to establish in-house, due to the expertise required to deliver and manage the service. This option also has an impact on the council's in house capacity to deliver the services required within current resource allocations, and will be impacted by some carers reluctance to engage with statutory services.</p>
4	Undertake a competitive tender process	<p>a) When considering the option to externally commission services by undertaking a tender exercise the council must consider the nature of the market for the services it wishes to commission.</p> <p>b) The market for the provision of care services is growing with a good range of small, medium and larger national providers; for profit and not for profit; businesses and charities.</p> <p>c) Proactive pre-tender engagement with the market has been used to help shape and influence the response to external procurements in order to influence the type of providers who would be in a position to submit a tender proposal.</p> <p>d) In consideration of the above and the other options, it is recommended that an external procurement exercise is undertaken.</p>

3.2. The preferred option chosen would be to undertake a competitive tender process.

### Risk Management

3.3 Managing corporate and service spending efficiently through a structured approach to procurement offers potential to improve financial performance through: competition between all parties; accountability in the spending of public money; transparency in the

decision making process; and value for money. The following mitigating actions in identification of the risks are detailed below:

Risk	Mitigating Actions
1. The market not being fully developed and providers not equipped to deliver the required service.	a) Pre tender market engagement and provider engagement and support events will reduce this risk. Identified training and workshops have been arranged.
2. Provider/s failure to deliver to the required capacity and quality standards	b) Pre-tender development with providers of the optimum approach to secure, primary, secondary and back up arrangements in a framework that ensures this risk is designed out as far as possible.
3. The quality and specification requirements of the service required cannot be met by providers.	c) Pre tender engagement and tender process will ensure this is robustly tested and working with Voluntary Sector Council leads to ensure that the process is clear and transparent.
4. The budget for the contract will be at risk of further reduction and the contract term contains a break clause, as such there may not be sufficient interest from the market.	d) There is a developing market for the provision of these services, identified following the market testing exercise, and providers will be informed of the uncertainty of ongoing funding in the current financial climate.
5. There could be a risk that the TUPE costs will push up the bid price.	<p>e) Whether TUPE applies at the point of tender will depend on whether the incumbent provider continues to be the provider with whom Hammersmith and Fulham contracts with.</p> <p>f) If TUPE does apply it will be the responsibility of the Provider involved to resolve these issues and the council's role in this process will be to facilitate contact between the parties.</p> <p>g) The proportion of a provider's total costs that is made up of staffing costs; the size of the bidders and their ability to absorb the TUPE costs.</p> <p>h) Information will be included in the ITT packs for other tenderers to prepare their bids in order that TUPE liabilities can be identified and costed into any bid.</p>

#### **4. THE MARKET**

- 4.1 Community stakeholders have helped to shape the service specification and evaluation process in that it reflects the needs of carers and providers whilst also ensuring that it retains the strategic, operational and best value requirements of each Council and associated Clinical Commissioning Group.
- 4.2 Within Hammersmith and Fulham and associated neighbouring boroughs there are a range of providers who deliver services for adults carers, these organisations fall into two categories, either they are generic carers support organisations, or organisations that offer support to carers of people with specific conditions such as dementia, learning disabilities and mental health conditions. These organisations are key elements of the market of support services for carers although they are not all funded specifically to support carer but services users. Representatives from each type of organisation took part in the engagement and consultation process.
- 4.3 In addition, commissioners attended a range of forums and associated groups talking to services users and organisational officers regarding the tender in order to elicit the needs and requirements of both service users and providers.

#### **5. CONTRACT PACKAGE, LENGTH AND SPECIFICATION:**

- 5.1 Hammersmith and Fulham carers in reviewing different models of provision chose a hub and spoke model with central services provided by one main contractor delivering generic advice, as well as focussed financial, welfare and benefits advice, drop-ins and peer support; and carers having access to specialist support groups including those for mental health, dementia, physical disabilities and learning disabilities.

##### Local Economic Value

- 5.2 Carers were clear within the engagement process that they wanted experienced specialist organisations and subject matter experts to provide support to identified carers cohorts, and commissioners have reflected this with the proposed use of contract model that states that the provider will subcontract specialist provision from local community and voluntary organisations where it does not have the experience or expertise to provide a specialist carers group.
- 5.3 In addition, carers wanted to be assessed at point of contact / entry with the proposed carers support service and have a direct referral route to additional local authority, primary care, community and voluntary sector support within the borough; and directly processed, where eligible, for a carers personal budget.
- 5.4 It was important for carers that any future provider of this contract utilised an asset-based approach to service provision which will capitalise on the resources and support that people already have around them and within Hammersmith and Fulham social, cultural and faith communities.

- 5.5** In October 2015 carers support services were chosen to pilot a more co-productive approach to commissioning services across the three boroughs of Hammersmith and Fulham, Westminster City Council and the Royal Borough of Kensington and Chelsea, in partnership with Community and Voluntary Sector Council leads, the umbrella organisations for the voluntary and community sector within each borough, who provide organisational development services, training and networking opportunities to promote collaboration within and across sectors.
- 5.6** In partnership with the Community and Voluntary Sector Councils two provider engagement events were held in order to help shape the procurement and contract packaging of the proposed competitive tendering process and service design in relation to service user requirements. This engagement exercise has supported the council's commitment to redesign the procurement process in order to encourage the third sector to bid for council contracts and ensure they have a fair chance to bid for our services.
- 5.7** The issues that were raised by providers were as follows:
- (a) Proportionality: Processes have been overly arduous, time consuming and complex. Many small organisations do not have staff employed as bid writers as larger providers often do. So if a commissioning process is very complex and time consuming it greatly disadvantages small organisations and means they are not on a level playing field with larger providers. In response commissioners have proposed an open tender where which in effect combines both the requirements of a pre-qualification questionnaire and the invitation to tender within one process;
  - (b) Capital E-Sourcing Online Portal: The portal appears to be designed for large companies bidding for large contracts. Training on the portal needs to be provided. Commissioners will be providing training for this process to organisations;
  - (c) Wording of questions and forms: Clear guidance notes need to be provided with the tender. Commissioners will be consulting with the Social Council on the wording used within the tender;
  - (d) Scoring based largely or primarily on cost: This can advantage large private companies who may be able to get costs down. They may do this by having less ethical employment standards which voluntary organisations may not be willing to have. Also such scoring may not give due credit to the added social value voluntary organisations can bring to a contract.
    - Commissioners in consultation with the Community and Voluntary Sector Council lead for Hammersmith and Fulham have agreed to a 50/50 Price/Quality evaluation scoring criteria. Commissioners believe quality and price are of equal importance in awarding the contract.
    - In addition, following consultation with third sector community and voluntary organisations, commissioners have also agreed, following a thorough review of potential scoring scenarios that organisations who do not meet the scoring criteria referenced for the evaluation on all the social value questions within the technical /quality section of the tender will not be able to proceed.
    - The quality pass threshold set will also be significant, each provider will need to pass each individual section of the quality evaluation, and there will be no overall aggregate scoring given to the provider enabling them to pass.
  - (e) Contract duration: For many providers to invest in the process the duration of the contract is important. The consensus among the providers was that a contract of at least 3 years would allow for a stable operational and financial transition period. The longer the contract the more attractive the proposition for providers. Commissioners

have proposed a three year contract with the possibility of a two year extension for this procurement, but have also insisted on a 3 month break clause in order that they can address any performance issues and safeguard the interest of carers and the council if the provider is not performing to the standards stated in the contract.

### Quality Standards

- 5.8** This service will provide a specialist information, advice and guidance service to all carers as well as specialist advice on financial resilience including welfare benefits and access to employment, education and training. It is expected that the provider organisation will have received an accreditation from the Community Legal Service's quality standard mark for example, the General Quality Mark (GQM) or equivalent in order to deliver specialist legal and financial advice sessions, or that it is working in partnership with an organisation that has this accreditation who is delivering these sessions.
- 5.9** Commissioners will also be evaluating organisations on their previous experience. The provider will be required to identify and reach out to carers across the borough by working closely with local health partners, with a particular focus on primary care (GP surgeries, district nurses, pharmacies) as well as delivering an in-reach service into health care services including inpatient units, and evidence of previous work and the outcomes achieved in this area will be important. At the same time this service will be reaching carers within the wider population through innovative approaches that reach out to specific community groups such as faith-based groups, local events and activities across the borough, raising carer recognition and self-identification and the breath of work that the provider has undertaken in the past will be a part of the evaluation process.

### Other Council's Carers Service Model

- 5.10** The service being procured is not dissimilar to those in other councils. Camden Council provides an information, advice assessment and personal budget service, with support groups. Islington Council provides an information and advice service with a three level personal budget service (£10, £20 and £30 per week) where assessments are undertaken in house by local social work teams. Waltham Forest Council provides a building based service providing information, advice, outings and activities.

## **6. LOCAL ECONOMIC AND COMMUNITY BENEFITS**

### Social and Economic Value within Hammersmith and Fulham

- 6.1** The proposal to re-let carer support services will have a positive impact on most of the protected groups. The procurement strategy supports the Council's 'local economic value procurement policy' and the Council's commitment and duties under the Care Act 2014.
- 6.2** The health, social and economic value of informal care is huge. In 2000, around two thirds (65%) of the value of long-term care support was provided via unpaid care, with a quarter (25%) from the state and 10% funded privately. If carers' support had to be replaced with provision from statutory services, it would cost the NHS, social services and other

statutory bodies around £134 billion a year nationally, or around £140 million a year in Hammersmith and Fulham.<sup>2</sup>

6.3 It is not anticipated that the services received by carers or vulnerable adults will vary significantly from what is currently received as part of this exercise. Eligibility for access to these services is not affected under this process; rather, it is hoped that by working collaboratively and focusing on outcomes across service areas within the borough (whilst ensuring local needs continue to be met), residents will receive both better quality and value for money from the services procured. In addition, approved providers will be required to reach out and target more carers i.e. those currently not known to/or accessing services.

6.4 Social and economic value are intrinsic and core to the delivery of effective carers support services and maximising community assets. The pursuit of additional 'Social and Economic Value' and community benefits will be reflected in the contract award criteria, and tenderers will be required to submit social value and community benefit proposals as part of their final tender submission.

6.5 Tenderers will be required to evidence that they comply with Equality Legislation and actively promote and monitor equality on their workforce. The specifications address expectations on service providers in terms of adhering to equalities legislation and promoting equalities working, as well as the need to consider a diverse workforce to meet the needs of a diverse service user group. Contract monitoring of provision will ensure providers offer services to all client groups and that this is reflective of the community they serve.

#### 6.6 Innovation through working with GP Practices to Support Social Prescribing

The contracted provider will work with GP practices to link carers accessing the service with sources of support within the community. This will add value and community benefit to the proposed contract by enabling carers to access additional support that is available within our social, cultural and faith communities. The provider/s by working in partnership with GPs will help to inform non-medical referral options that can operate alongside existing treatments to improve health and well-being and prevent further escalations to statutory and acute services.

6.7 The aim being to promote integrated health and social care for carers that is partnered with the voluntary and community sector. It should be noted that commissioners have taken note that NHS England are promoting access to non-clinical interventions from voluntary services and community groups as a way of making general practice more sustainable and commissioners want to support this in partnership with our clinical commissioning groups leads.

### 7. OTHER STRATEGIC POLICY OBJECTIVES

7.1 This procurement will contribute to the delivery of the Council's 'Out of Hospital' policy objectives, in that council will be enabling carers to manage their health and the health and well-being of those that they care for within our local communities; we have also

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<sup>2</sup> <http://jsna.info/document/carers-evidence-pack>

delivered on our 'Transforming Care' policy objectives by ensuring the needs of those caring for someone with a learning disability have been recognised through the delivery of specialist learning disability carers support group; through the engagement and consultation process that has been undertaken we have met our aspiration to 'think local and act personal' by striving to deliver a service that meets the needs of our local carer communities, as evidenced within our joint strategic needs assessment, in addition to addressing the themes and objectives within the National Carers Strategy 2014 – 2016.

## **8. STAKEHOLDER CONSULTATION / STRATEGIC POLICY OBJECTIVES**

- 8.1 The best value statutory guidance (Department for communities and local government 2012) stated that “before deciding how to fulfil their Best Value Duty – authorities are under a duty to consult representatives of a wide range of local persons; this is not optional. Authorities must consult representatives of council tax payers, those who use or are likely to use services provided by the authority, and those appearing to the authority to have an interest in any area within which the authority carries out functions. Authorities should include local voluntary and community organisations and small businesses in such consultation. This should apply at all stages of the commissioning cycle.”
- 8.2 The engagement and coproduction process outlined for the procurement of a carers support service within this report was undertaken to ensure that a strong engagement structure was in place that supported the actions prescribed within the Public Services (Social Value) Act 2013. The Act requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.
- 8.3 In addition, the care and support statutory guidance that is issued under the Care Act 2014 states in section 4.50 that ‘Local authorities should pursue the principle that market shaping and commissioning should be shared endeavours, with commissioners working alongside people with care and support needs, carers, family members, care providers, relevant voluntary, user and other support organisations and the public to find shared and agreed solutions.’ Commissioners from both the local authority and the clinical commissioning group delivered a coproduction and engagement process that provided:
- (i) A consultative mechanism that would facilitate the collection of qualitative evidence from service users, local community organisations, and associated internal and external service partners from the Council and the Clinical Commissioning Group regarding the central contracted carers support service needed for the carers service procurement commencing October 2016;
  - (ii) Involved carers in the planning, shaping and delivery of services and support;
  - (iii) Ensured our jointly commissioned services reflect the needs of carers’ from all sections of our communities. Through the delivery of this exercise commissioners hope to deliver a central commissioned carers service with the borough that has been strengthened by the collaborative approach that has been undertaken to address carer’s needs and the future planning of carers’ services;
  - (iv) Supported and strengthened the joint working across health and social care for carer’s services that deliver a jointly developed health and social care procurement strategy;



- (v) Involved voluntary organisations as key contributors to the engagement and coproduction process, who also acted as core contributors to engagement with service users as well as being part of the future landscape of provision;
- (vi) Ensured carers from a range of carers cohorts will contribute to the development of the specification, are part of the tender evaluation process, and post implementation are part of the contract monitoring process. This will ensure the service procured addresses the needs of all carers and not favour one group over another.

### Carers Requirements

- 8.4 The issues carers reported back to commissioners within this process where as follows: (1) The need to identify carers, particularly in health settings; (2) The need to raise the profile of carers and the need to support carers across all agencies, and to ensure professionals treat carers as expert care partners; (3) The need to increase the number of carers accessing information, advice and support to maintain their caring role especially in relation to maximizing the income of carers, providing information and advice on benefit entitlement and carers rights in the workplace; (4) The need to maximize the number of carers assessments carried across adult social care; (5) The need to enable carers to take short breaks which are flexible and personalized; (6) The promotion of personal budgets for carers and particularly joint ones with health; (7) The need to improve the health and wellbeing of carers, particularly older carers; (8) The need to provide carers with support in emergencies in order for them to maintain their caring role; (9) The need to provide training for carers to support them in their caring role; (10) The need to involve carers in the development and commissioning of carers services by increasing the number and range of carers involved in the development and implementation of carers services. (11) To ensure commissioned services provide value for money and quality services for carers.
- 8.5 In addition, in order to ensure service users' needs are reflected and inform all aspects of the procurement and ongoing delivery commissioners have ensured that they have and will be involved in:
- Co-design in planning future caring and support services in helping to design the service specification and shape the delivery model of services;
  - Co-decision making in deciding the re/allocation of resources for the carers services being procured, and ensuring the services chosen adequately reflect the needs prescribed;
  - Co-evaluation of tender submissions, and ongoing contract monitoring of service provision;
  - Co-assessment (including co-monitoring and co-evaluation) of the service.

## **9 PROCUREMENT PROCEDURE**

- 9.1. Due to the relatively small number of providers in this market the tender will be conducted using the Open Procedure, i.e. there will not be a Pre-Qualification Questionnaire stage. The evaluation of tenders at ITT stage will be two stage. Tenderers will need to satisfy the requirements of the Qualification stage if their Technical and Commercial submissions are to be evaluated.

## 10. **CONTRACT AWARD CRITERIA**

10.2 The purpose of the qualification stage is to create a shortlist of organisation who have demonstrated that they have sufficient capacity and financial and economic standing and the ability to continue to the commercial and technical evaluation stage. It is recommended that the contract will be awarded on the basis of the commercial and technical evaluation of 50/50: commissioners believe that quality and price are of equal importance in awarding the contract. In order to determine sufficient financial and economic standing and technical capacity organisations will be evaluated in accordance to the following criteria: economic and financial standing; business probity; health and safety; and equalities and diversity.

### Technical/Quality Evaluation (50%)

10.3 Providers will then be assessed on their technical/quality competences and will be required to demonstrate how they will achieve the outcomes described in the specification and within the funding envelope available for the contract. Method statements will be used to evaluate applicants against the key quality criteria, using the scoring system. To pass, they will have to achieve a minimum score for each question. Tenderers will be required to submit answers in the following five question areas that reflect the service user feedback from your engagement with them.

- Service Delivery 'Local Social and Economic Value'- weighted at 55%
- Performance Management – weighted at 10%
- Partnership Working – weighted at 10%
- Innovation and Adaptability - weighted at 23%
- Staff Delivery Costs – weighted at 2%

### Commercial Evaluation (50%)

The Form of Tender to be submitted by tenderers is shown below and revolves around a best value unit cost financial methodology:

<b>Service</b>	<b>London Borough of Hammersmith &amp; Fulham</b>
Price per Advice Session (weighted at 12.5%)	
Price per Assessment (weighted at 12.5%)	
Price per Review (weighted at 12.5%)	
Annual price for other services including three client group specific support groups and general running of the Contract (weighted at 12.5%)	

### Tender Appraisal Panel

10.4 Submissions will be marked independently by members of the Tender Appraisal Panel (TAP). Each TAP member will mark each submission out of five. The TAP members will then meet to agree a consensus score out of five for all submissions. Any tenderer scoring less than 3 out of 5 on any one of the quality criteria will be rejected. Consensus scores will then be weighted to give each tenderer a mark out of 100 which will then be reduced to an equivalent mark out of 50. A process to allow for the moderation of

evaluations will be agreed to ensure consistent and accurate assessment of submissions.

- 10.5 Each tenderer's Commercial and Technical scores are then added together and the provider with the highest combined score will be awarded the contract.

## **PROJECT MANAGEMENT AND GOVERNANCE**

### **11. PROJECT MANAGEMENT**

- 11.1 The project management will be through Adult Social Care Commissioning. Commissioning and procurement officers will lead with key engagement from Finance, Corporate Procurement, Risk and Legal. Reporting will be to the Head of ASC Commissioning and Director Commissioning & Enterprise, with the Cabinet Members for Health and Adult Social Care receiving progress reports at key milestones of the Procurement at their regular Cabinet Member briefings.

### **CONTRACT MANAGEMENT**

- 12.1 There will be quarterly meetings with the provider/s and commissioning staff. Quarterly performance reports will be required to address contract requirements, performance monitoring, and any council systems issues in delivery of the contract. The service specification will be clear about the outcomes that the council is seeking to achieve through the contract. These outcomes will form the basis of the contract monitoring and management approach. The provider will be required to provide evidence of the outcome achieved on a quarterly basis in a format agreed between the council and the provider. In addition they will be subject to an annual review of performance.

#### **Key Performance Indicators and Outcomes**

- 12.2 Some of the key performance indicators that the provider will be asked to deliver and that they will be assessed on within the tender evaluation, and monitored on post contract implementation, in order to ensure that the council is adhering to its best value commitments include: (1) Targets in relation to the provision of information and support for carers, signposting to appropriate services and facilitating onward referral through increased community provision and the use of existing services and community links; (2) In partnership with the Council, in respect of Carers as per the Carer Act 2014, undertake carer's assessments and providing care and support to the carers who meet the national eligibility criteria; (3) Evidence that carer's assessments are conducted in a consistent manner in accordance with the national eligibility criteria and that the assessments are recorded in a complete and consistent manner; (4) The support plan including a personal budget meet the needs of the carer and delivers the desired outcome, and the allocation of personal budgets is consistent and in accordance with the Council's defined policy. (5) In order to ensure that the budget is spent in an efficient and effective manner which achieves optimum outcome for the carers whilst also achieving sustainability the provider will be performance managed in relation to the outputs stated in their tender response and payments will be made according to the outputs stated in terms of number of advice sessions, assessments, reviews, support plans and drop-ins delivered.

## Improved Provider Monitoring / Business Intelligence

- 12.3 Frameworki is the electronic recording system on which social care staff across the London Borough of Hammersmith and Fulham record information on their contacts and activity relating to individual service users. This will now be used by the contracted provider to record details of carer's assessments, reviews and support plans. The advantages of this electronic recording are that: (a) Access to records will be available to all authorised internal and external (Contracted Provider) staff who need information on activity which enable them to better monitor and coordinate provision. (b) Information can be shared with service users. (c) Business Intelligence reporting is built into workflow which will enable commissioners to efficiently assess and collate provider activity data in relation to core outcomes. (d) Using indicative data / business intelligence where unexplained variations in stated outcomes and outputs exist to drive improvements in service delivery.

## 13. INDICATIVE TIME TABLE

<b>Carers Services Key Tasks</b>	<b>Timetable – completion dates</b>
Coproduction and Engagement: LBHF Carers, Providers and Internal and External Associated Partners	<ul style="list-style-type: none"> <li>• January 2016 - June 2016</li> </ul>
Agree proposed model	<ul style="list-style-type: none"> <li>• July 2016</li> </ul>
Design procurement strategy	<ul style="list-style-type: none"> <li>• June – July 2016</li> </ul>
<u>Tender preparation</u> Pin Notice – agreement with CVS Partners ITT: Specification / Evaluation – consultation with service users and internal and external partners	<ul style="list-style-type: none"> <li>• August - September 2016</li> </ul>
Market Engagement Events: Providers and Carers: LBHF	<ul style="list-style-type: none"> <li>• September 19 – 26 2016</li> </ul>
Market Engagement and Coproduction Facilitation CVS LBHF	<ul style="list-style-type: none"> <li>• September 19 – 26 2016</li> </ul>
Authority to tender	<ul style="list-style-type: none"> <li>• October 2016</li> <li>• By the week beginning 31 October 2016</li> </ul>
Issue open tender	<ul style="list-style-type: none"> <li>• October 2016</li> <li>• By the week beginning 31 October 2016</li> </ul>
Receive tender submissions	<ul style="list-style-type: none"> <li>• November 2016</li> <li>• 29 November 2016 (Proposed)</li> </ul>
Evaluate tenders	<ul style="list-style-type: none"> <li>• December 2016</li> </ul>
Approval to award contract: Governance Process for LBHF Executive Members	<ul style="list-style-type: none"> <li>• January 2017</li> </ul>
Implementation Period including 30 day TUPE consultation period	<ul style="list-style-type: none"> <li>• February – April 2017</li> </ul>
Contract(s) start date	<ul style="list-style-type: none"> <li>• 1 May 2017</li> </ul>