

**TO: THE EXECUTIVE  
9 MAY 2017**

---

**COMMUNITY BASED SUPPORT SERVICE TENDER  
Director: Adult Social Care, Health & Housing**

**1 PURPOSE OF REPORT**

- 1.1 To seek approval to award a contract for the Community Based Support Service.

**2 RECOMMENDATION**

- 2.1 That a contract for the Community Based Support Service commencing on 14 August 2017 is awarded to the following tenderers:
- Tenderer B
  - Tenderer C
  - Tenderer D
  - Tenderer G
  - Tenderer H

**3 REASONS FOR RECOMMENDATION**

- 3.1 To enable a choice of support arrangements to be available to people who meet the council's eligibility criteria through a framework agreement with 5 providers.

**4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 Not to award a contract, however this is not considered a viable option as under the current model there has been a marked upward trend with a doubling of hours of support commissioned for the same number of people leading to a doubling of costs within a 5 year period. There is no satisfactory explanation for this increase over and above the reduction in residential placements which does not account for the whole increase. This demonstrates the financial impact to the council and the need to implement a new approach which seeks to reduce the dependency for paid support.

**5 SUPPORTING INFORMATION**

- 5.1 Bracknell Forest Council currently procures traditional domiciliary care services, based on time and task, through an approved list of 18 providers on a spot purchase basis. The scope of the service is detailed below (information based on figures as at December 2016)-
- Total number of hours of service per week: 4261.25
  - Number of people supported: 327
  - Packages range from 1 hour per week to 56 hours per week
  - Average package size: 13.25 hours per week
  - Average number of new requests per week: 5

## Unrestricted

- 5.2 The Council wish to move to a new model, where support at home and in the community is delivered with greater focus on an Individual's outcomes, with a significant emphasis on regaining, preserving or achieving an optimal level of independence and promoting community access and integration with health services; thereby delaying increases in need, and reducing dependency on paid support. The council will be contracting with 5 providers under a framework agreement.
- 5.3 This model of working introduces and requires new ways of working which will require providers to partner with the voluntary and community sector to nurture an asset based approach to delivering services.
- 5.4 The providers will utilise assistive technology and work with the voluntary sector to look for alternative solutions to paid support which will be reflected in their care planning.
- 5.5 The Council recognises the value of providers in providing care and working more creatively and flexibly with Individuals to live independently. There shall be a shared focus on results and a joint commitment to the success of this new model with a view to reducing the need for formal paid care and support. This will be achieved through having fewer contracted providers, which will provide an opportunity for strategic relationships, and a gain share model.
- 5.6 The gain share model will incentives providers to work in an outcomes focused way in order to achieve a reduction in the individuals requirement for paid support. Where a reduction is achieved any savings made on the Individual's personal budget for the year will be split between the council and the provider 50/50. The Individual's personal budget will then be decreased to the lower amount for the following year.
- 5.7 The provider will be required to monitor and review the individual alongside the council and put forward a proposal to reduce hours of support when required in order to achieve their element of the gain share.
- 5.8 The Public Contracts Regulations 2015 and Bracknell Forest councils Contracts Standing Orders have been followed in this procurement process. The procurement has been an OJEU one stage tender. The weighting used to score the tender submissions has been based on 60% price and 40% quality. The tender return date was set at the 6th March 2017 with the initial evaluation on the 13th March 2017.
- 5.9 Providers were invited to give presentations to the evaluation panel between 22 March 2017 and 24th March 2017. The topic for the presentation was based on providers developing a well being plan based on a scenario, and answering a number of set questions relating to the new model. Prior to this date, credit checks and references were taken as part of the process prior to awarding the contract.

## **6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

### Borough Solicitor

No significant legal issues arise from this report.

### Borough Treasurer

The new homecare contract is a key part of the department's transformation plan. Generally, the new hourly rates will be higher than the hourly rate currently paid. Therefore, the providers' success in reducing client needs for paid support will be critical to achieve any savings.

#### Equalities Impact Assessment

- 6.1 An Equalities Impact Screening was completed at the outset of the procurement. This identified that a full assessment was not required.

#### Strategic Risk Management Issues

- 6.2 Detailed risk management, monitoring and contingency criteria were included in the ITT and taken into consideration during the evaluation of the bid. Performance and progress can be measured against the criteria.

## **7 CONSULTATION**

#### Principal Groups Consulted

- 7.1 The Tender Evaluation Team was drawn from the Adult Social Care Contracts Team and Adult Social Care Commissioning Team, Brokerage Team and Adult Safeguarding Team.

#### Method of Consultation

- 7.2 Co-production events, focus groups, face to face conversations and online consultations were held with a range of stakeholders including people who use domiciliary care services and carers to develop an asset based approach to delivering domiciliary care services and explore innovative, flexible solutions.
- 7.3 The events included a presentation at the carers lunch in October 2016, a presentation at the managers forum and a presentation to practitioners. Existing and potential providers were also engaged at a presentation event followed by a feedback request in the form of a survey about the reshaping of the service.

#### 7.4 Representations Received

- 7.5 None

#### Background Papers

None.

#### Contact for further information

Lynne Lidster, Adult Social Care, Health and Housing – 01344 351610  
[Lynne.Lidster@bracknell-forest.gov.uk](mailto:Lynne.Lidster@bracknell-forest.gov.uk)

Alison Cronin, Adult Social Care, Health and Housing – 01344 351601  
[Alison.cronin@bracknell-forest.gov.uk](mailto:Alison.cronin@bracknell-forest.gov.uk)