

Decision Maker: Executive

For Pre-Decision Scrutiny by Care Services PDS Committee on:

Date: 13th September 2016

Decision Type: Non-Urgent Executive Key

Title: **COMMISSIONING STRATEGY FOR PRIMARY AND SECONDARY INTERVENTION SERVICES**

Contact Officer: Josepha Reynolds, Carers Commissioner
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Chief Officer: Lorna Blackwood, Director, Health Integration Programme

Ward: All

1. Reason for report

- 1.1 This report sets out a commissioning strategy for the future provision of Primary and Secondary Intervention Services. The strategy has been jointly worked on by London Borough of Bromley (LBB) and Bromley Clinical Commissioning Group (BCCG) commissioners. It sets out a framework through which to design a set of Third Sector services that support people in the community to maintain their independence and delay and prevent the need for high cost care packages and early admissions to care homes and/or hospital.
- 1.2 The report requests approval to develop a Primary and Secondary Intervention Fund workstream within the Better Care Fund and existing strategic partner funding, as well as approval to procure the services against the eight categories set out in the report, including for carers support services using a new model from April 2017.
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2. RECOMMENDATION(S)

- 2.1 That the Care Services PDS Committee supports the recommendation set out in this report to develop a Primary and Secondary Intervention Fund within the Better Care fund jointly managed with Bromley Clinical Commissioning Group;
- 2.2. That Executive agrees to the procurement of the services against the eight categories set out in this report, including for carers support services, using a new model from April 2017.

Corporate Policy

1. Policy Status: Existing policy. Supporting Independence
 2. BBB Priority: Supporting Independence.
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Financial

1. Cost of proposal: Estimated cost £3.2m
 2. Ongoing costs: Recurring cost.
 3. Budget head/performance centre: Various
 4. Total current budget for this head: ££3.2m
 5. Source of funding: Existing LBB and BCCG strategic partner contributions and contracts, and Better Care Fund
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Staff

1. Number of staff (current and additional): No Bromley staff affected
 2. If from existing staff resources, number of staff hours: N/A
-

Legal

1. Legal Requirement: Statutory requirement.
 2. Call-in: Call-in is applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Estimated usage over 40,000 users/beneficiaries
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

Statutory duties:

3.1 LBB and BCCG are obligated to fulfil their statutory requirements to Primary and Secondary Intervention services as outlined in the:

- Care Act 2014 (section 2 and section 3)
- NHS Five Year Forward View 2014 (chapter 2)

3.2 LBB are obligated to fulfil their statutory requirements to carers in line with the following legislation:

- Care Act 2014 (section 1)
- Children and Families Act 2014 (section 96)
- Carers (Recognition and Services) Act 1995 (section 1)
- Children's Act 1989 (section 17 in regards to supporting children and young people)

Background:

3.3 Primary and Secondary Intervention services, currently provided by our Third Sector partners, are the services which provide targeted support to vulnerable residents in the community prior to the need for a full social care assessment. These residents are at risk of developing further complications or emerging needs but have not yet developed these significant needs that require tertiary care. These are commissioned and procured by LBB with long standing contributions from BCCG.

3.4 Without these Primary and Secondary Intervention services users are at risk of going into crisis and requiring more permanent care packages and/or requiring an emergency hospital admission. The term 'Primary and Secondary Intervention' covers a range of social prescribing services that are currently delivered in the borough, as they are across the country, by local Third Sector providers. The services include peer support, training, education, advice, support planning and capacity building with carers.

3.5 LBB has always held a number of service level agreements, grants and, currently, contracts with the local Third Sector to provide these services.

Current provision:

3.6 Currently LBB, with long standing contributions from BCCG, have 12 active contracts with 6 suppliers with a total annual spend of £1,595,835. These services reach many thousands of residents every year, either for one-off advice through Citizens Advice or more tailored one to one support via Age UK or Carers Bromley.

| Existing Contracts | LBB | CCG | Better Care Fund | Total Annual Budget |
|--|------------|------------|------------------|---------------------|
| | £000 | £000 | £000 | £000 |
| Carers Support | | | | |
| Bromley Mencap | 18 | | | 18 |
| Carers Bromley – Adults | 243 | 110 | | 353 |
| Carers Bromley – Children’s | 51 | | | 51 |
| Carers Bromley - MH Worker | 26 | | | 26 |
| Carers Bromley – Hospital Worker | 15 | 15 | | 30 |
| Carers Bromley – universal respite | 106 | | | 106 |
| Total Carers | 459 | 125 | 0 | 584 |
| | | | | |
| Dementia Support Hub | | | | |
| Bromley & Lewisham Mind Ltd | | | 511 | 511 |
| Total Dementia Support Hub | 0 | 0 | 511 | 511 |
| | | | | |
| Strategic Partnership Contracts | | | | |
| Bromley Citizens Advice Bureaux Ltd | 102 | 43 | | 145 |
| Community Links Bromley | 109 | 47 | | 156 |
| Age UK Bromley & Greenwich | 80 | 34 | | 114 |
| Bromley & Lewisham Mind Ltd | 50 | | | 50 |
| Bromley Mencap | 51 | | | 51 |
| Total Strategic Partnerships | 392 | 124 | 0 | 516 |
| | | | | |
| UNCOMMITTED BCF | | | | |
| <i>Carers and Self Management</i> | | | 1,651 | 1,651 |
| Grand Total | 851 | 249 | 2,162 | 3,262 |
| | | | | |

- 3.7 National policy continues to champion the impact that can be made by investing in the Third Sector to support people to maintain their independence in their own communities. The role of a vibrant and sustainable health and social care economy has been championed by DCLG and DoH in the Care Act (section 5) and the NHS Five Year Forward View (chapter 2).
- 3.8 Bromley’s relationship with the Third Sector continues to be strong, working in partnership through Community Links, the Voluntary Sector Strategic Network and the newly formed Bromley Third Sector Enterprise. The sector has taken the initiative forming the Bromley Third Sector Enterprise to construct collegiate bids for jointly commissioned services for health and care. Although in its infancy commissioners need to respond and encourage the maturity being demonstrated by the sector in their creation of Bromley Third Sector Enterprise to work together to deliver against shared outcomes.
- 3.9 Primary and Secondary Intervention services are discussed at length in the Care Act (section 5) and NHS Five Year Forward View (chapter 4) because they are seen as crucial to managing the demand pressures of the health and care system as a whole.
- 3.10 In best practice models they sit at the front of established clinical and social care pathways and help to maintain people’s independence, preventing entirely or significantly delaying the need for long term health and social care packages. This is crucial in an aging population with increasing health and care requirements. Acute settings are often not suitable for this cohort of service user, providing poor outcomes, and often result in a breakdown in care. National policy argues that patients could be managed better in the community working with professionals, before a health episode results in an avoidable acute admission or the requirement of a long term care package.

- 3.11 The full report detailing the proposal, including the finance and timescales is attached, however there is a shorter summary for Members included in this commentary.

New commissioning model

- 3.12 This report sets out a new approach for the future commissioning of Primary and Secondary Intervention services. It proposes a move away from annual extensions and waivers towards a joint commissioning exercise with BCCG. Commissioners are proposing to use the Better Care Fund in partnership for Primary and Secondary Intervention services, seeking a preferred provider to enter a negotiated procurement process and co-design the specifications for each of the eight categories detailed in the main report. Commissioners are seeking to work with a partner who can provide positive outcomes against all of the listed services, as well as being able to build upon this core funding through their wider access to local voluntary sector capacity and community assets.
- 3.13 This report proposes to engage with the local Third Sector directly through the new relationship to encourage collegiate bids from the sector that complement the work of the Integrated Care Networks (ICNs) and Building a Better Bromley priorities addressing a number of specific categories:
- Carers Support Services
 - Dementia Support Services (already tendered)
 - Services to Elderly Frail
 - Services to residents with Long Term Health Conditions
 - Learning and Physical Disability
 - Mental Health support services
 - Single point of access to Primary and Secondary Intervention services
 - Support to the 3rd sector to sustain and grow capacity
- 3.14 By aligning Primary and Secondary Intervention services alongside these priority areas of social prescribing, commissioners can work with the sector to draw up detailed outcome based specifications that focus on achieving and evidencing a clear set of overarching objectives which will be to:
- Reduce the requirement for unplanned care and resulting emergency admissions
 - Prevent and delay the requirement for long term care packages
 - Support residents to remain independent in their local communities
 - Build capacity in local communities by demonstrating economic impact and leveraging in further funding from other sources
- 3.15 The aim will be to reduce the number of small individual contracts currently held to be replaced with a more strategic approach to funding the sector, supporting them to build capacity over and above the core funding made available through the Better Care Fund, and deliver a cohesive set of preventative services where the impact can be evidenced and measured by tracking referrals using the NHS number.
- 3.16 The funding at this stage is primarily focused on adults preventative services in line with ICNs and the existing strategic partner contracts. However, there is nothing to preclude utilising this model if it proves successful to support wider preventative agendas as may result from work underway on Children's services following the recent Ofsted inspection. It could also be used to support public health preventative activities where these providers may be suitable to deliver their programmes.
- 3.17 This approach builds on the learning from the jointly developed and commissioned Dementia Support Hub which went live in July 2016 with funding from the Better Care Fund. This was a collegiate bid, with Bromley and Lewisham Mind as the Lead Provider, that provides a one-stop community support offer to all residents who have received a clinical diagnosis of dementia.

4. SERVICE PROFILE / DATA ANALYSIS

- 4.1 The current Primary and Secondary Intervention services provide a range of accessible support services that are tailored to the service user, resulting in personalised outcomes:

- Information, advice and guidance
- Peer support
- Benefits advice
- Counselling
- Respite at home
- Training to manage long term health conditions

4.2 Asset mapping that was conducted in January 2016 by Community Links Bromley on behalf of the LBB and BCCG demonstrated the strength of the Third Sector. The estimated size of the sector is 1,637 organisations, which are supported by 36,815 volunteer hours a week. This shows that as the preferred partner gains additional associate members, these organisations can be involved in an increasing delivery role and promote their reengagement with statutory services.

4.3 Analysis of contacts to social care show that LBB is redirecting 85% of phone calls to outside of the organisation. A high percentage of this is due to the strong Third Sector in Bromley who can provide support and guidance to these residents.

4.4 LBB's statutory services currently reach approx. 3500 residents. The reach of the Third Sector is far wider. This is crucial for preventing expensive social care packages and reducing hospital admissions. Primary and Secondary Intervention services provide people with ongoing support within the community, which makes people resilient and less likely to enter crisis and need statutory services intervention. This shows that the Third Sector is providing value for money and tighter outcomes and KPIs, resulting in a strong sector which needs sustainable funding.

4.5 The current Primary and Secondary Intervention contracts, known previously as the strategic partnership contracts, were procured between 2007-2010. This means that they would benefit from review and re-specification. This is a real opportunity to commission new services that reflect the outcomes desired by the LBB and BCCG.

4.6 These services will work within a larger system in order to provide effective Primary and Secondary Intervention for Bromley residents. The BCCG Out of Hospital Transformation Strategy outlines the creation of an integrated and sustainable programme to keep people within their community, primarily through the work of the ICNs. The Care Navigator role is a fundamental part of the ICN development, with the navigators signposting residents to the appropriate channels. Recommissioning the carers services in line with these principles is a clear commitment to the ICNs from BCCG and LBB and allows us to shape the services accordingly.

5 CUSTOMER PROFILE

5.1 The Primary and Secondary Intervention services are universal but are targeted at vulnerable groups. The services sit in front of eligible services as they are not social work assessed, and provide demand management that reduces increasing demographic pressure on social care and health services.

5.2 The JSNA shows that there is going to be an increase of demand in the 8 areas that will form the Primary and Secondary Intervention services:

- Carers Support
- Dementia Support
- Services to Elderly Frail
- Service for Residents with Long Term Health Conditions
- Learning and Physical Disability
- Mental Health (excl. Dementia)
- Single Point of Access
- Support to the Sector

5.3 Monitoring reports indicate the number of the people accessing Primary and Secondary Intervention services in the borough currently. This demonstrates that the reach of the Third Sector is far broader than that of statutory services, which currently reach approx. 3500 residents. These services act as a buffer for

statutory health and social care services by providing support across the community and enabling LBB and BCCG to focus on the most vulnerable.

| Supplier | Number of interactions |
|--|---|
| Carers Bromley – Adults | 11,999 |
| Carers Bromley – Children’s | 900 known to Carers Bromley |
| Carers Bromley – Mental Health Worker | 39 events (no of individuals attending not recorded) |
| Carers Bromley – Hospital Worker | 286 referrals |
| Carers Bromley – universal respite | 296 across all services. It should be noted that there is some double counting as 1 person could use more than one type of service. |
| Bromley Citizens Advice Bureaux Ltd | 6,499 |
| Community Links Bromley | 138 organisations supported, 1,431 volunteers received and signposted to an opportunity, 62 supported volunteers (people with some sort of disability who need one to one support to access a volunteering opportunity) |
| Age UK Bromley & Greenwich | 21,136 |
| Bromley & Lewisham Mind Ltd | 2,529 enquiries (excludes IAG given to people who already access any of the other services) |
| Age Concern Bromley t/a Age UK Bromley & Greenwich | 419 |

6. MARKET CONSIDERATIONS

6.1 There is a role for Local Authorities and health within the Care Act (section 3) to sustain and facilitate a local care market.

6.2 National benchmarking has demonstrated that Primary and Secondary Intervention services are almost universally supplied by the Third Sector. Below are examples of the provision of carers services within other London boroughs.

| Authority | Carers services provider |
|-----------------------------------|---|
| Barnet | Barnet Carers: run by Age UK, Mencap, Alzheimer’s Society, Friend in Need, Jewish Care, Caring for Carers |
| Bexley | Bexley Carers Hub: run by Age UK, Alzheimer’s Society, Carers Support, Crossroads Care |
| Birmingham | Midland Mencap |
| Brent (local authority and CCG) | |
| Croydon | Whitgift Foundations |
| Ealing | Ealing Centre for Independent Living, Mencap, Crossroads Care, Dementia Concern |
| Hammersmith and Fulham | Carers Network: supported by Mencap, Age UK and Mind |
| Harrow | Harrow Carers |
| Lambeth (local authority and CCG) | Carers Hub Lambeth: supported by Mencap and Age UK |
| Lewisham | Carers Lewisham |
| Sutton (local authority and CCG) | Sutton Carers Centre: supported by Alzheimer’s Society |

6.3 The collegiate bidding process that is being proposed through a preferred provider is essential to ensuring the Third Sector continues to have a strong local presence in our community. It enables local Third Sector organisations to be more flexible when bidding for work, strengthens communications and widens their impact. The Third Sector market has already taken steps towards this e.g. establishing partnership organisations such as the Bromley Third Sector Enterprise. LBB needs to support these models so that Bromley continues to have a vibrant and sustainable Third Sector.

- 6.4 Commissioners need to work in partnership with the Third Sector in this new way of working in order to achieve the desired outcomes. Traditionally the Third Sector has needed commissioning support in order to encourage more commercial activities and seeking other growth opportunities (e.g. lottery bids, EU funding). In the current economic environment the Third Sector will need to continue to find these external funding sources in order to broaden the services that they can offer.
- 6.5 The strength of the Third Sector market is increasingly important when considering the demographic pressures outlined in section 9. The Third Sector is essential to managing the demand on services as the number of residents who are elderly or have long term health conditions continues to rise.
- 6.6 Local Authorities and CCGs will also rely more heavily on the Third Sector to fill gaps as funding continues to be restricted for statutory services with the reduction in government grant.
- 6.7 Third Sector organisations provide Social Value. The Public Services (Social Value) Act 2013 (section 1) says that Local Authorities and health need to consider the economic, social and environmental impact of the services that they commission. The Third Sector has a clear positive impact in these areas within the borough, such as through the contribution of volunteers

7. STAKEHOLDER CONSULTATION

- 7.1 The Primary and Secondary Intervention Fund will be jointly commissioned between LBB and BCCG. There has been consistent and regular joint working between health and social care throughout this process and consultation with health partners. The Carers Strategy 2016 has been jointly signed off and acts as a template for the eight categories going forward.
- 7.2 Extensive engagement has been undertaken with Bromley Third Sector Enterprise, the Voluntary Sector Strategic Network and Community Links. This has been promoted through the ICNs and six strategic partners have signed a Memorandum of Understanding about their role in supporting the ICNs.
- 7.3 Service users have been consulted throughout this process with regard to the development of ICNs. Service users give consistently positive feedback to the Third Sector services that are provided throughout the borough, and as shown in section 11 the Third Sector is able to access more residents than statutory services. The Patient Engagement Group for the ICNs which made regular references to the importance of the Third Sector in supporting service users in Bromley. During the development of the ICNs Bromley Third Sector Enterprise also raised the importance of having somewhere to direct service users to with the care navigators, which will require coordinated strategic work with the sector.

8. SUSTAINABILITY / IMPACT ASSESSMENTS

- 8.1 If approved then this proposal represents an opportunity to build capacity within the borough through joint commissioning and pooling funding. Implementing the funding for Primary and Secondary Intervention services will ensure that the Third Sector market is sustainable. Our current strategic partners need core funding to continue in order to provide effective services. If this is removed there will be a resulting impact on long term care packages and hospital admissions.
- 8.2 The Third Sector is also skilled at reaching residents that LBB and BCCG are unable to. Third Sector organisations have a commitment to being inclusive built into their constitutions and focuses on targeting hard to reach groups. This increases sustainability within health and social care as residents are supported earlier and prevented or delayed from reaching crisis.
- 8.3 Joint commissioning is crucial to ensuring the sustainability of the service. Joint posts have been created for this service, enabling strategic and operational coproduction along with additional commissioning capacity for better value for money.
- 8.4 The proposal considered the impact on protected characteristics in a generic Equality Impact Assessment. This determined that there was not a need for a full impact assessment. The proposal continues to provide the current level of service within the borough with increased funding and stronger connections, which should ensure that protected characteristics are positively affected by these changes. An Equality Impact Assessment will be done in full as part of the bid evaluation process.

9. OUTLINE PROCUREMENT STRATEGY & CONTRACTING PROPOSALS

- **Estimated Contract Value**
 - £3.2million annually
- **Proposed Contract Period**

- 9.1 Our current strategic partner contracts are due to expire on 31/03/17 and it is proposed that they are replaced with an Primary and Secondary Intervention Fund, with the funding ringfenced for a preferred provider that can access and deliver these services through the local Third Sector. This will develop a joint commissioning approach with the CCG where commissioners from both organisations will enter into negotiation with the preferred partner to work up more detailed specifications against each of the categories and incorporates a more commercial approach through a bidding process.
- 9.2 This is a new approach to previous procurements for these services. Although the concept of a joint Primary and Secondary Intervention fund is quite forward thinking, national benchmarking, as outlined in section 6, does highlight that this type of service is the domain of the Third Sector, and there does not appear to be a market outside of Third Sector provision. Therefore other local authorities continue to procure these services under a mixture of grants, ring fenced bids and waivers.
- 9.3 Initially it is proposed to issue a PIN notice to request that LBB and BCCG are looking for a preferred partner organisation who will coordinate each of the local Lead Providers for the delivery of the eight categories. The preferred partner organisation will be required to demonstrate their reach into the local Third Sector market, their ability to deliver additional capacity and to build sustainability in the local care market for community services. These services need to deliver against the outcomes and reduce the pressure on existing social care and clinical health services.
- 9.4 Best Value Statutory Guidance informs us that Local Authorities have a general duty to “*make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness*”. Primary and Secondary Intervention services are currently commissioned in a number of contracts with different providers without clear overarching outcomes. This fragmentation can lead to duplication, a poorer level of service to service users and a lack of communication, information and sharing of resources within the sector.
- 9.5 The procurement process will need to allow for a period of negotiation for each of the eight categories to determine who the Lead Provider will be and which other organisations will give support. This process should lead to the preferred provider being the single point of the contact to the Third Sector for contractual negotiations. The expectation is that the partnership will be developed over time and increasingly there will be a single point of access for commissioners into the sector. This will increase the sector’s ability to coordinate services, be more flexible in delivery and bid back to commissioners for future work.
- 9.6 If there is more than one bid for a lead partner organisation then there will need to be a joint evaluation panel led by a Clinical Lead who will review the proposals and bids based on the partner’s ability to deliver the outlined high level outcomes as well as the specific categories specifications. At the end of this a ‘preferred supplier’ will be selected and the successful bidder will be notified.
- 9.7 As there is a three year commitment to funding for the Primary and Secondary Intervention services from the Better Care Fund, the contracts should also be for three years, with a 1+1 extension option subject to agreed funding. This will move away from the current annual extensions and waivers. However funding will need to remain fluid subject to annual savings targets and in relation to how the new services perform in reducing costs further up the delivery chain through successful demand management.
- 9.8 It has been agreed that LBB will lead on the procurement process but there will be support from officers at BCCG so that it is fully coordinated and jointly funded.

9.10 As outlined in section 10 the impact of procuring this way supports national legislation and specific LBB and BCCG policies for health and social care.

10. POLICY CONSIDERATIONS

National directives

10.1 The Care Act 2014 (section 2) outlines statutory duties for Local Authorities and health that:

- Contribute towards preventing or delaying the development by adults in its area of needs for care and support
- Contribute towards preventing or delaying the development by carers in its area of needs for support
- Reduce the needs for care and support of adults in its area
- Reduce the needs for support of carers in its area

10.2 The Care Act (section 3) also outlines that this preventative provision must be undertaken with a view to improving the integration of health and social care provision to:

- Promote the wellbeing of adults in its area with needs for care and support and the wellbeing of carers in its area
- Contribute to the prevention or delay of the development by adults in its area of needs for care and support or the development by carers in its area of needs for support
- Improve the quality of care and support for adults, and of support for carers, provided in its area (including the outcomes that are achieved from such provision)

10.3 The Care Act put carers on an equal footing with the cared for and required health and social care services to be proactive in identifying and supporting them. LBB are obligated to fulfil their statutory requirements to carers in line with the following legislation:

- Care Act 2014 (section 2)
- Children and Families Act 2014 (section 96)
- Carers (Recognition and Services) Act 1995
- Children's Act 1989 (section 17 in regards to supporting children and young people)

National health policy

10.4 Health also has a number of policy directives around these services which make joint commissioning and joint funding timely. The NHS 5 year forward view (chapter 2) identified that the health system has problems 'with limited engagement with the wider community, a short-sighted approach to partnerships and under-developed advocacy and action on the broader influencers of health and wellbeing'. Targeted prevention is a key tool that is laid out.

10.5 The NHS 5 year forward view (chapter 2) is clear that the Third Sector is crucial to engaging with communities and improving health outcomes for people through targeted prevention, instead of continuing to use a purely clinical outlook.

10.6 The Government's mandate to NHS England for 2016-17 focuses on Primary and Secondary Intervention and lays out a range of objectives for health up to 2020 including:

- To help create the safest, highest quality health and care service [with a focus on independence and service users managing their own conditions]
- To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives
- To improve out of hospital care

Local policy direction

- 10.7 Local policy also aligns with this new way of working. Building a Better Bromley outlines supporting independence and having a healthy Bromley as two key outcomes. Primary and Secondary Intervention services are designed to help residents remain independent and within their communities through an integrated health and social care perspective.
- 10.8 The Bromley JSNA 2015 identified that the older people and people with long term health conditions are becoming a higher proportion of the population. These demographics would benefit from more Primary and Secondary Intervention services that would help them maintain their independence by receiving a degree of personalised support.
- 10.9 These outcomes are also reflected by BCCG in their local policy objectives. The Bromley Out of Hospital Transformation Strategy outlines the creation of an integrated and sustainable out of hospital programme that will keep people within their community and prevent hospital admissions. This is being developed through the ICNs which will be rolled out from October 2016.
- 10.10 The Primary Care Commissioning Intentions at BCCG focus on integration, sustainability and workstreams based around Primary and Secondary Intervention such as carers and elderly frailty. There are specific incentives for GPs to identify carers and signpost them on to services that they would benefit from accessing.
- 10.11 The Joint Strategy for Carers 2016 to 2020 is a joint LBB and BCCG strategy that commits to funding carers services within the borough until 2020. This was developed in response to the new health and social care legislation. The overarching outcome is: 'it is our vision that over the next five years Bromley will have a thriving carer community where carers are heard, connected and supported'. Five key short term priorities were identified, the most immediate of which was to commission and then deliver new carers support services from April 2017.

11. COMMISSIONING & PROCUREMENT CONSIDERATIONS

- 11.1 Regulation 7 of the Public Contracts Regulations 2015 introduces a light touch regime for services that are considered "social and other specific services" and above the set threshold of £589,148. The Council is required to publicise in advance its intention to award contracts of this value and announce the contract award decision after the procedure.
- 11.2 The tender will be run electronically using the Due North tender portal and, in line with the information contained in Paragraph 9, it is intended to undertake this procurement activity using the 'Competitive Procedure with Negotiation' procedure in accordance with Regulation 29 of the 2015 Regulations and the Council's own Financial Regulations and Contract Procedure Rules.
- 11.3 The service will be comparable with the recent tender undertaken for the Dementia Support Hub awarded by Executive on 23rd March 2016 (report number: CSD16052) whereby the contract was awarded to a consortium of local third sector partners with a Lead Partner being responsible for overseeing the whole service. This procedure has shown to be effective in that there is a single point of contact for both council officers and users of the Service.
- 11.4 The anticipated timescale for the Procurement activity is shown below:

| | |
|------------------------------|---------------|
| Documents finalised | October 2016 |
| Publication of advertisement | November 2016 |
| Tenders returned | December 2016 |
| Clarification Interviews | January 2017 |
| Contract Award | February 2017 |
| Contract effective from | April 2017 |
| Contract start | April 2017 |

- 11.5 The tenders will be evaluated against the following quality criteria:

| | Question | % of total score |
|----|--|-------------------------|
| | Price | 60% |
| | Quality total | 40% |
| | Comprised of | |
| 1. | Financial Resources & Contract Affordability | 10% |
| 2. | Service outcomes | 20% |
| 3. | Service provision in Bromley | 20% |
| 4. | Resource management | 20% |
| 5. | Service development and accessibility | 15% |
| 6. | Innovation and adding value | 15% |

- 11.6 The outcome from the quality award criteria scoring will be weighted and amalgamated with the financial scoring to determine the Tenderer providing best price / quality compromise for the Council. This will culminate in a recommendation to award that is presented to Executive Members of both the Council and BCCG.

12. FINANCIAL CONSIDERATIONS

- 12.1 These proposals maintain current levels of joint funding from the LBB and BCCG as well as utilising new funds made available through the Better Care Fund and committed in Bromley's Local Plan which was authorised by the Health and Wellbeing Board and approved by NHS England. These funds will collectively create a pooled Primary and Secondary Intervention Fund, with a three year commitment. This pool will be split against 8 categories of service. It is key to demand management to keep costs low.
- 12.2 The current budget is:

| Existing Contracts | LBB | CCG | Better Care Fund | Total Annual Budget |
|--|------------|------------|------------------|---------------------|
| | £000 | £000 | £000 | £000 |
| Carers Support | | | | |
| Bromley Mencap | 18 | | | 18 |
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| Total Carers | 459 | 125 | 0 | 584 |
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| Dementia Support Hub | | | | |
| Bromley & Lewisham Mind Ltd | | | 511 | 511 |
| Total Dementia Support Hub | 0 | 0 | 511 | 511 |
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| Strategic Partnership Contracts | | | | |
| Bromley Citizens Advice Bureaux Ltd | 102 | 43 | | 145 |
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| Bromley Mencap | 51 | | | 51 |
| Total Strategic Partnerships | 392 | 124 | 0 | 516 |
| | | | | |
| UNCOMMITTED BCF | | | | |
| <i>Carers and Self Management</i> | | | 1,651 | 1,651 |
| Grand Total | 851 | 249 | 2,162 | 3,262 |
| | | | | |

12.3 The bids will be negotiated to determine a final split but here is a draft indicative budget setting out how the funds could be redirected to better target our shared outcomes for Primary and Secondary Intervention services:

| New Categories for Primary and Secondary Intervention & Wellbeing Services | LBB | CCG | BCF | Indicative Budget £000 |
|--|---------------------|---------------------|------------------|------------------------|
| | Existing Spend £000 | Existing Spend £001 | New funding £000 | |
| Carers Support | 459 | 125 | 166 | 750 |
| Dementia Support | | | 511 | 511 |
| Services to Elderly Frail | 80 | 34 | 536 | 650 |
| Services for Residents with Long Term health Conditions | | | 650 | 650 |
| Learning and Physical Disability | 51 | | 94 | 145 |
| Mental Health (exc. Dementia) | 50 | | 100 | 150 |
| Single Point of Access | 102 | 43 | 105 | 250 |
| Support to the Sector | 109 | 47 | | 156 |
| Grand Total | 851 | 249 | 2,162 | 3,262 |
| | | | | |

12.4 As can be seen from the table above the total funding available is £3,262k split between £851k LBB funding, £249k CCG and £2,162k of funding from BCF.

13. PERSONNEL CONSIDERATIONS

13.1 No Bromley staff affected as the service will continue to be outsourced to third sector providers.

14. LEGAL CONSIDERATIONS

14.1 This report seeks the approval of the Executive to to develop a Primary and Secondary Intervention Fund workstream within the Better Care Fund and existing strategic partner funding and the approval to procure a contract for eight categories of Third Sector integration and well-being services for a period up to three years with an option to extend for a period of two years subject to agreed funding with an estimated total value of £3.2 million per annum.

14.2 Rule 5 of the Contract Procedure Rules provides that for a contract with a total value of £1,000,000 or more the Executive will be formally consulted on the intended action and contracting arrangements. Rule 8 of the Contract Procedure Rules provides that for contracts with a value above £500,000/the EU threshold the Council must invite tenders from between 5 and 8 organisations and comply with the Public Contracts Regulations 2015. This contract will fall under the Light Touch Regime under the Regulations but is above the financial threshold for that regime. The Competitive Procedure with Negotiation procedure under Regulation 29 of the Public Contracts Regulations 2015 will be used.

14.3 These services are required pursuant to the following legislation:

14.3.1 Under section 149 of the Equality Act 2010 the Council has a mandatory duty to have due regard to the need to:

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Paragraph 8.4 of this report shows that the officers have had regard to the Equality Act 2010.

14.3.2 Under the Public Services (Social Value) Act 2012 the council has a mandatory duty to consider:

- (a) in respect of what is being procured, how what is proposed to be procured might improve the economic, social and environmental well-being of the relevant area, and how, in conducting the process of procurement, it might act with a view to securing that improvement.
- (b) whether to undertake any consultation.

Paragraph 6.7 of this report shows that this duty has been considered.

14.4 The report author will need to consult with the Legal Department regarding the contract terms and conditions.

15. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

15.1 The impact on vulnerable people and children is addressed throughout the report. The Primary and Secondary Prevention services are designed to prevent vulnerable residents from going into crisis by providing the necessary ongoing support within the community. This will reduce long term care packages and emergency hospital admissions.

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| Background Documents: (Access via Contact Officer) | Primary and Secondary Prevention Strategy Joint Strategy for Carers, 2016-2020 |
| | Version CP@5/16 |