

Decision Maker: Executive
With Pre-decision scrutiny from:
Adult Care & Health PDS Committee on 29th June

Date: 30th June 2021

Decision Type: Non-Urgent Executive Key

Title: **Gateway 1 PRIMARY AND SECONDARY INTERVENTION SERVICES PERMISSION TO TENDER**

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Chief Officer: Kim Carey - Interim Director of Adults Social Services

Ward: All wards

1. REASON FOR REPORT

1.1 This report seeks approval to proceed to procurement of the Primary and Secondary Intervention Service (PSIS) against an updated service specification. The current contract expires on 30th September 2022 and the option to extend the contract has already been exercised. The current contract has an estimated annual value of £2.5m with an estimated cumulative allocation over the life of the contract (3 years with an option to extend for a further 2 years) of £12.7m.

The proposed contract will have an estimated value of £18.3m with the difference mainly accounted for by the proposal to have a 5-year contract plus 2- year option to extend the contract and service changes which are detailed in section 4.0.4. This service is currently delivered by Bromley Third Sector Enterprise and provides integrated prevention and early intervention services across health and social care for the residents of Bromley. The service is jointly commissioned by London Borough of Bromley (LBB) and South East London Clinical Commissioning Group (Bromley) with LBB as the lead commissioner for the service.

1.2 The Gateway 0 Report (**ACH 19015**) presented to ACH PDS in March 2021 secured approval for commissioners to conduct a Soft Market Test to inform the procurement options for this service. Following the completion of the soft market test in May, this Gateway 1 Report requests Adult Care and Health Pre-Decision Scrutiny to

- 1.2.1 Note the proposed changes to the service
- 1.2.2 Note the service procurement options
- 1.2.3 Note recommendations with regards to a preferred procurement option going forward.
- 1.2.4 Support the recommendation to tender this service,
- 1.2.5 Note the service outline,

2. RECOMMENDATION(S)

- 2.1 Adult Care and Health Policy Development and Scrutiny Committee are asked to review this report and provide any comments prior to the report proceeding to Executive for decision
- 2.2 Executive is recommended to approve proceeding to procurement as detailed in sections 4.3 and 6 of this report.
- 2.3 Commissioners to conduct an open tender process for the PSIS Service for a contract planned to commence on the 1st of October 2022 for a period of 5 years with the option to extend for a further 2 years at an estimated annual value of £2.6m (whole life value of £18.3m).

Corporate Policy

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

1. Cost of proposal: Estimated cost of £18.3m over the maximum 7 years
 2. Ongoing costs: Estimated cost of £2.6m per annum
 3. Budget head/performance centre: Information and Early Intervention
 4. Total current budget for this head: £2.6m
 5. Source of funding: Better Care Fund, ASC Revenue budget and CCG contribution
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Staff

1. Number of staff (current and additional): Not applicable
 2. If from existing staff resources, number of staff hours: Not applicable
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Legal

1. Legal Requirement: Statutory requirement. To be confirmed
 2. Call-in: Call-in is applicable To be confirmed
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 10,000 adults per annum
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Ward Councillor Views

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

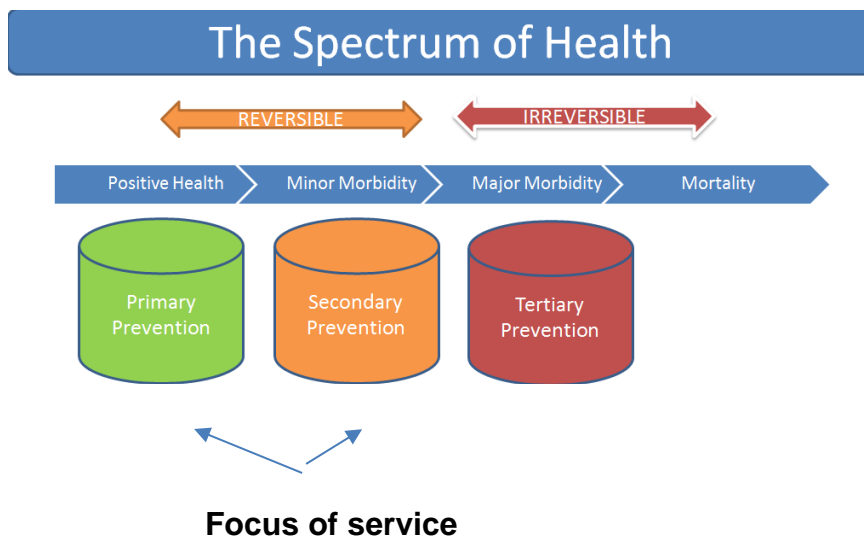
3. COMMENTARY

3.1 The Primary and Secondary Intervention service contract commenced on the 1st of October 2017 and was designed to support the delivery of the Council's duties under the Care Act 2014 with a focus on having a prevention and early intervention offer for residents. Delivering prevention and early intervention services can significantly improve independence and enable residents to maintain their wellbeing and It also reduces pressure on statutory services ensuring that residents receive support early so they can live independently.

3.2 The Gateway Report (**CS17033**) presented to Executive on 30th September 2016, recommended and received approval for the establishment of a Primary and Secondary Intervention Service. The establishment of this service brought together 14 separate contracts into a single service contract for the purpose of delivering a comprehensive prevention and early intervention offer to residents in Bromley.

3.3 The service is jointly commissioned between the Council and South East London CCG (Bromley) with the Council leading on the commissioning arrangements.

3.4 The diagram below shows the spectrum of health and care, and where the Primary and Secondary Intervention Service is currently targeted



3.5 Current Service Pathways and Referral route

The current service works mainly with adults aged 18 and over (except for the Young Carers Pathway) and is designed to provide early intervention via a single point of access and more specialist early intervention and prevention services for those residents who require it. The pathways are as follows:

1. Single Point of Access
2. Learning Disabilities
3. Long term Health Conditions
4. Elderly Frail
5. Mental health
6. Education and Employment
7. Young Carers
8. Carers Support Services
9. Physical disabilities

3.6 Current key service outcomes

The current service has five overarching outcomes. These are detailed below in table 2 with a description of the extent to which these outcomes have been achieved within the current contract.

Table 2

Anticipated Service Outcome	Evidence of Impact	Gaps Challenges/ Mitigation
To leverage in further external funding to the sector	On average £600k external funding has been raised each year since the beginning of the contract in 2017 Over £300k per annum leveraged in kind funding through use of volunteers Over £300k per annum secured in income maximisation activity for residents.	Commissioners will incorporate a requirement to leverage non statutory funding into the new service specification.
To prevent and delay the requirement for long term care packages;	Over 50% of clients at home four weeks following their discharge being supported by Bromleywell.	Gap in identification of those being worked with so as to measure "growth" or reduction in long term care packages – use NHS Digital - Personal Demographics Service (PDS) to measure reduction in care packages
To support service users to remain independent in their local communities;	Service user feedback is collected on a quarterly basis with measurements of independence. User satisfaction reported at over 90%	Adopt an Outcome Stars model, consider social prescribing measurements
To build capacity and capability in local communities by demonstrating social and economic impact	Some demonstration of this through income maximisation work of Single Point of Access. - see above	Track longevity of service outcomes 6, 12 and 18 months
To reduce the requirement for unplanned care resulting emergency admissions;	The interventions provided by the service support people staying at home. Over 800 residents accessed the handyperson service and over 200 residents supported at home by aftercare service on an annual basis.	Some challenges around tracking people to measure avoided admissions/ use NHS Digital - Personal Demographics Service (PDS) to measure reduction in care packages

4.0 SUMMARY OF YOUR BUSINESS CASE

4.0.1 As detailed in the Gateway 0 report to the March ACH PDS, this contract is scheduled to expire on the 30th of September 2022, with the option to extend having already been exercised in 2019. In line with current procurement regulations, commissioners are required to give due consideration to the future service offer and procurement options and make recommendations regarding the commissioning of the service.

4.0.2 The current service is provided by a consortium of Bromley based voluntary sector organisations, who came together in 2016 to form Bromley Third Sector Enterprise (BTSE). BTSE manage the contract and work with the other providers to deliver a single programme with 9 pathways as detailed above in section 3.5.

4.0.3 In accordance with the procurement requirements established at the point of contract award in October 2017, commissioners conducted a review of the PSIS service. This service review, conducted between July to December 2019, was designed to determine the extent to which the service was delivering against anticipated outcomes and service activity.

The PSIS service review concluded that the service had demonstrated its ability to deliver anticipated outcomes. A Service Work Programme was developed to progress the delivery of these outcomes further. Activity was considered across 9 pathways and the review has led to the following changes

- Disaggregation of the Community Links Bromley provision from PSIS contract.
- Establishment of BTSE as a Charity to strengthen governance arrangements
- Proposal to co-locate services with the adult social care early intervention team (paused due to covid-19 outbreak)
- Cross referencing of 2,000 Bromley Well clients with Adult Social Care to measure service impact on reducing statutory demand (paused due to covid-19 outbreak)
- Strengthen the governance structure of the partnership office.

4.0.4 Proposed New Service (Retention and Changes)

Background

As detailed above the service has been successful in delivering both anticipated activity and forecast outcomes. The service has also leveraged in over 15% of the contract value in non-statutory funding (on an annual basis) which brings in more resources into the borough and enhances the service offer.

Service user and stakeholder engagement has been an ongoing feature of service monitoring through the Bromley Well Programme Board.

Commissioners are keen to seize the opportunity to make further improvements to the service prior to going to tender. Proposals on what to keep and what to change with the rationale for each of these decisions is detailed below.

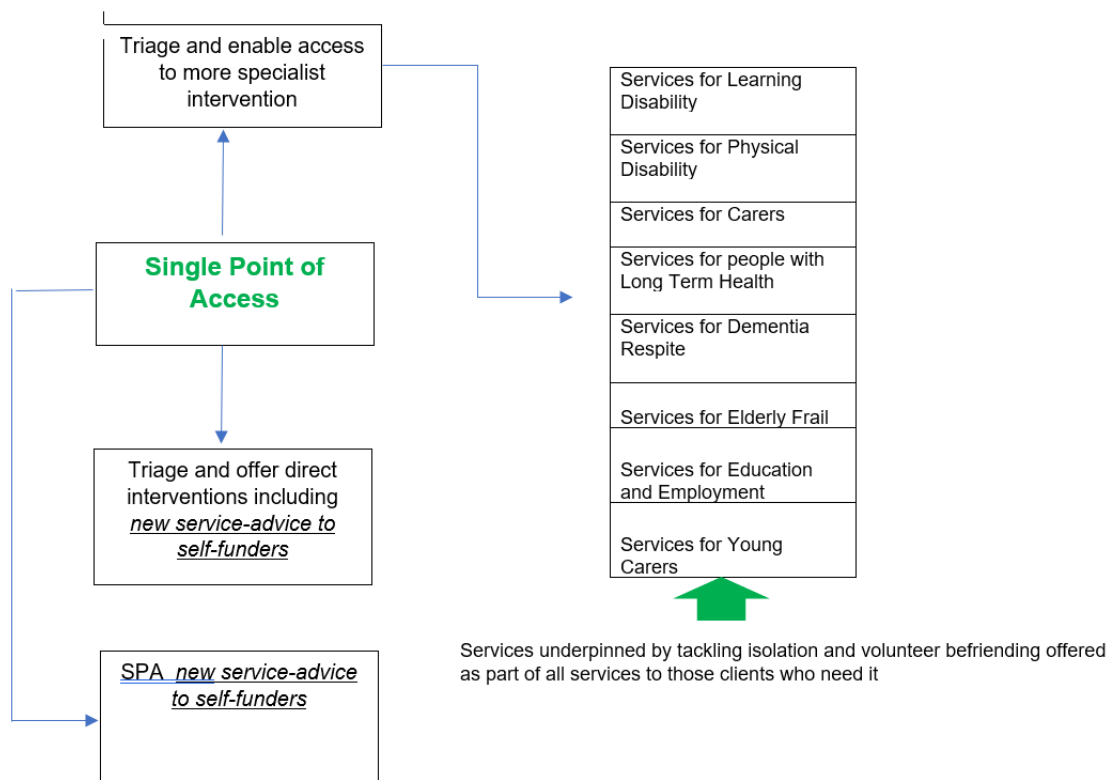
Changes to Service Proposed	Rationale (covering all 5 changes)
<p>This relates to overall service offer: Revise Service Approach. In essence embed the following enablers to change:</p> <ol style="list-style-type: none"> 1) Revised central Programme Management Office, 2) Revised Customer Relationship Management system 3) Isolation, befriending, and innovation offer across all pathways, 4) Enhance advice service to self-funders, 5) Enhance digital offer 	<ul style="list-style-type: none"> • As a result of the PSIS service review: Strengthen programme management function and CRM to improve service oversight and data management analysis to demonstrate outcomes; improve data collection and accuracy; improve strategic oversight of the impact of care packages; ensure parity in service provision between self funders and supported social care service users, and; build on success of increasing access and retention through online provision • As a result stakeholder feedback. (Residents) This includes more respite options and support for carers; increases in online and face to face provision (following covid); use of volunteers to befriend and reduce isolation, and the retention of the handyperson service (LBB and CCG): Adopting strength and asset-based approaches; linking in with social prescribing, and; more effective measurement of service outcomes) (Current service provider): Review service provision (including mental health and carers), implement lessons learnt from current service (detailed below)

Changes to Service Proposed	Rationale (covering all 5 changes)
	<ul style="list-style-type: none"> • (Learning from Covid-19 provision): There is a demonstrated commitment and willingness to volunteer in the borough. 4600 volunteers approx. offered to volunteer across covid wave 1 and 2 programmes. Befriending and talking, companionship accounted for more than 50% of requirements. • As a result of soft market test-enable partnerships that strengthen local voluntary sector market and continue to ensure sustainability of local based services.
<p>This relates to service offer Retain 8 of 9 of the current service pathways and service model-SPA as triage function and more specialist function for those requiring it.</p>	<ul style="list-style-type: none"> • Success of current service in engaging with clients (more than 10,000 people seen annually) • 30-40% successfully supported with one off interventions without needing additional service intervention • Excellent links with wider voluntary and statutory sectors. • Opportunity to innovate through supplier and stakeholder engagement • Successful outcomes (less than 10% returning to hospital within a month of being discharged through service), high level of social impact through volunteering and befriending, significant levels of income maximisation, more than 15% non-statutory funding leverage in by provider on annual basis • Successful service activity - Key system pathways support-managing demand for early interventions, supporting therapies, assistive technology, discharge pathways, information advice and guidance, volunteering, meeting targets.
<p>This relates to service offer Remove one service pathway (mental health) and transfer it to another mental health transformation hub commission</p>	<ul style="list-style-type: none"> • Enable reduction in service duplication, place access to right care in right service, ensure clients get appropriate service at point of presentation
<p>This relates to service offer Add Dementia Respite</p>	<ul style="list-style-type: none"> • Improve access and service offer to carers and enhance the scope of the carers' support offer
<p>Service Outcomes</p>	<p>Refresh service outcomes to reflect aim to</p> <ul style="list-style-type: none"> • To reduce loneliness and isolation of people living in Bromley • To maintain access to early intervention which reflects JSNA and Health and Wellbeing Strategy priorities. • To reduce the requirement for unplanned care and resulting emergency admissions • To prevent and delay the requirement for long term care packages and reduce statutory demand • To support residents to remain independent in their local communities;

Changes to Service Proposed	Rationale (covering all 5 changes)
	<ul style="list-style-type: none"> To build capacity in local communities by demonstrating social and economic impact and the leveraging in of further funding from other sources

4.0.5 The proposed service specification will build on the success of the current service as detailed above. The service outline is embedded in section 13.1

Proposed service pathways



4.0.6 As part of the PSIS Soft Market Test and engagement with suppliers in the market, commissioners raised several questions. These are detailed below with recommendations

Question	Response/Recommendation
Are there other suppliers in the market?	Yes. 17 different suppliers completed an expression of interest and 11 completed a service questionnaire indicating interest if the service was tendered.
Can commissioners align other contracts that may be coming up for retender with this service to reduce duplication?	<p>Yes.</p> <p>Incorporate a Dementia Respite Service as part of the Carers Pathway into the new service to enhance the overall offer to carers and further develop the Carers Pathway</p> <p>Incorporate a loneliness and befriending service approach into the new service and roll out volunteer strategy</p> <p>Include an enhanced service offer to support self funders</p>

Question	Response/Recommendation
	<p>The development of the new Mental Health Hub, as part of the Transforming Community Mental Health Service project offers the opportunity for the mental health pathway within the current service to be transferred into a new and comprehensive mental health and emotional wellbeing service. This will prevent duplication of provision and ensure that those presenting with mental health issues receive appropriate specialist support. This will not mean that residents requiring mental and emotional health support will not be supported by other PSIS pathways where appropriate.</p>
<p>Does the structure of the service need to be enhanced?</p>	<p>Yes.</p> <p>Commissioners are looking to require a clear Programme Management Office function for new service that incorporates an analysis function to enhance reporting on the impact of the service to commissioners.</p> <p>The new service specification will look to develop the service model to include an online service offer and some co-location with LBB and NHS customer facing services with some local neighbourhood outreach provision.</p>
<p>Can we build on the significant engagement with local volunteers via the covid 19 and other volunteering programmes?</p>	<p>Yes – The new service will include a more explicit offer to support volunteering and provide volunteering opportunities to local people</p>
<p>How can the service work with social prescribing?</p>	<p>Commissioners will build into the new service an expectation (which to some extent is already being delivered by the current service) to further align provision with social prescribing to further develop the community offer</p>
<p>Benchmark services against what is happening regionally and nationally.</p>	<p>Service provision has been considered in the light of several national models including Greater Manchester and H4A models.</p>
<p>Review the current outcomes delivery framework and key performance indicators.</p>	<p>A new performance framework will be designed monitor outcomes and track impact. It will also map against the national Adult Social Care Outcomes Framework (ASCOF) measures</p>

4.1 SERVICE PROFILE/DATA ANALYSIS

The proposed service will engage a range of residents in Bromley offering them prevention and early intervention services across health and social care pathways. There will be an emphasis on long term health conditions, social isolation and early intervention for some conditions to prevent residents from needing more complex care.

Detailed below is a description of the needs that this service will address:

Demographics

Bromley has a comparatively high population of older people. (58,200 people aged 65+ years in 2017). It is expected that this number will increase to 60,100 by 2020¹.

¹ Bromley 2017 JSNA

The Bromley Joint Strategic Needs Assessment (JSNA) 2017 indicates that the numbers of older people in Bromley are rising and health and social care provision needs to reflect the increased need.² These needs are referred to below and further detail can be found in the Bromley Joint Strategic Needs Assessment (JSNA) 2017 and the Older Adults JSNA refresh of 2019³

The main causes of death in Bromley are cancer (29.5% of deaths), circulatory disease (27.9%) and respiratory disease (13.9%). The proportion of deaths caused by circulatory disease has been falling since 2012 and in 2017 the proportion of deaths from cancer was greater than the proportion of deaths from circulatory disease for the first time.

Life expectancy and the Burden of Disease⁴

Life expectancy in Bromley has been increasing steadily for the last 20 years and is currently 81.3 years for men and 85.1 years for women. However, there is a gap between wards with the highest and lowest life expectancy of 8.3 years for men and 6.4 years for women. There is a negative correlation between levels of life expectancy and area deprivation.

Evidence⁵ suggests that there are still many people living in Bromley with undiagnosed hypertension and undiagnosed atrial fibrillation (potentially 32,500 people with undiagnosed hypertension and potentially 3530 people with undiagnosed atrial fibrillation). There is also evidence to suggest that those who have been diagnosed are not receiving the optimal treatment required to adequately control these conditions. These people are at higher risk of stroke, kidney disease heart disease and other conditions. The implication of the growing demographic is an increased demand for health and social care.

This demographic growth in Bromley is characterised by a growth in health and social care needs as detailed below:

Adult Mental Health

There has been a steady increase in the prevalence of people registered with depression in GP records in Bromley. The depression register size has increased by 7428 cases in Bromley over the last four years, averaging around 1800 new cases each year. In 2016/17 there were over 23,000 people diagnosed with depression. This equates to a prevalence of 8.5% of the total registered population and places the borough of Bromley with the 3rd highest rate in London⁶

The prevalence of dementia in the Bromley population is steadily increasing with an estimated 4,380 people aged over 65 living with dementia within the borough in 2017. It is likely that many of these cases will not be known to services. The rate of growth is predicted to increase with an estimated 6,034 people aged over 65 expected to be living with dementia in the borough by 2030.

Long Term Health Conditions

² Bromley JSNA 2017 Demography Report Page 4

³ https://www.bromley.gov.uk/downloads/file/3486/jsna_full_report

⁴ Extract from Bromley JSNA Executive Summary 18_05_18

⁵ Bromley 2017 JSNA

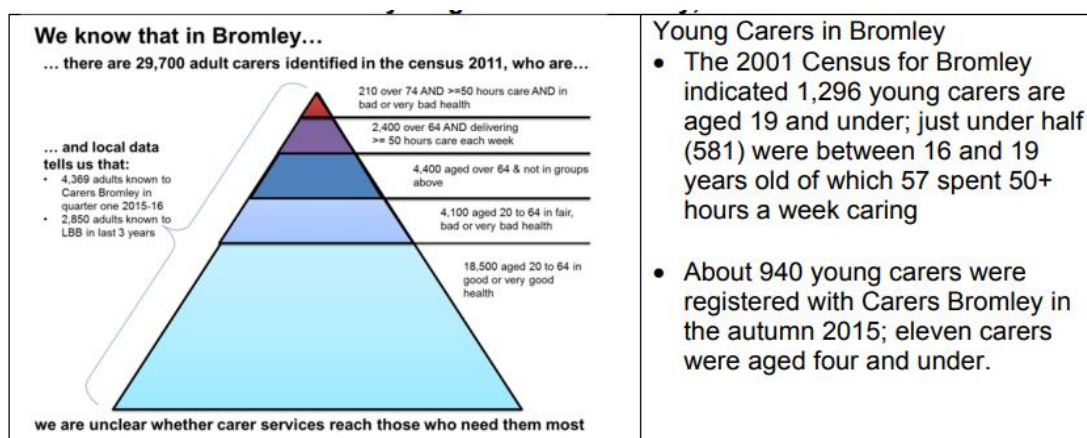
⁶ Extract from Bromley JSNA Executive Summary 18_05_18

In 2016/17 there were over 15,000 people diagnosed with diabetes registered with Bromley GPs. There were a further 15,000 people with non-diabetic hyperglycaemia (NDHG, the precursor for diabetes). Modelling estimates suggest the actual numbers of people at risk of developing diabetes in the borough is twice this amount at almost 30,000.

Carers

The numbers of carers in Bromley are increasing. It is estimated that there are about 30,000 carers in Bromley. Within this group of carers there are about 2,400 adult carers who are caring for many hours each week whilst also being older than most other carers.⁷

Diagram 2 Adult and Young carers in Bromley



Learning Disability

Over 1,300 adults living in Bromley are estimated to have a moderate or severe learning disability.^[6] Around 130 children in Bromley have profound and multiple learning disabilities.⁵ It is estimated that 670 primary and 350 secondary school children have a moderate, severe or profound and multiple learning difficulty in Bromley.⁸

Economic Activity

Bromley has higher rates of people who are economically active than London and Great Britain and a lower number of percentage of households that are workless.

Isolation

It is estimated that 18,644 Bromley residents aged 65+ live alone (2019) and this is predicted to increase. This represents 41% of all 65+ households. We know that as people age their circle of friends reduces. This can often lead to social isolation or loneliness, both of which are known to impact on physical and mental health and wellbeing.

Long-term conditions

The current PSIS service has seen an average of over 10,000 clients in the last 3 years and approximately 40% of people seen are aged 65+. Services like the Long-Term Conditions

⁷ Carers strategy 2016-2020

^[6] POPPI and PANSI

⁸ LD draft strategy 2019

and Elderly Frail pathways see a higher percentage of residents due to supporting with take home and settle, handyperson, and hospital discharge services

The current PSIS service also runs a range of prevention and early intervention interventions as part of delivery of advice and guidance services as well as specialist early intervention services, designed at ensuring that residents can take steps to maintain independence and also manage their long term health conditions.

4.2 Estimated contract value for new service

Below details anticipated allocation over the course of the contract, assuming a 5 plus 2-year contract duration

Year	Period	PSIS Value	innovation fund	PSIS Contract	
22-23 (6 months)	Oct 22-March 23	£1,113,554	£192,000	year 1	5-year contract Oct 22-September 27
23-24	April 23-March 24	£2,227,109	£384,000	year 2	
24-25	April 24-March 25	£2,227,109	£384,000	year 3	
25-26	April 25-March 26	£2,227,109	£384,000	year 4	
26-27	April 26-March 27	£2,227,109	£384,000	year 5	
27-28 (6 months)	April 27-Sep 27	£1,113,554	£192,000	year 5	
Sub total		£11,135,544	£1,920,000	£13,055,544	
27-28 (6 months)	Oct 27-March 28	1,113,554	£192,000	year 6	2-year contract extension Oct 27-Sep 29
28-29	April 28-March 29	2,227,109	£384,000	year 7	
29-30	April 29-Sep 29	1,113,554	£192,000	year 7	
Sub total		4,454,217	£768,000	5,222,217	
Total		£15,589,761	£2,688,000	£18,277,761	

4.3 OPTIONS APPRAISAL

The Primary and Secondary Intervention Service Contract expires 30th September 2022 and commissioners have extended the service (in line with original procurement proposals). Given the information detailed above, the following options have already been scoped and the recommendation in this report is to proceed with option 2.

Option 1: Do nothing and allow the contract to expire on 30th September 2022

4.3.1 This option means allowing the current contract to expire without replacing the service.

Benefits	Challenges/Risk/Mitigation
1. None	The service supports the drive to reduce statutory service demand across the health and social care system, providing support across health and social care pathways including mental health, emergency admissions, delayed discharges, and navigation of welfare benefits system for Bromley residents.
	The service delivers a range of interventions annually to approx. 10,000 Bromley Residents. Discontinuing the service will lead to displaced demand, some of which will result in an increasing demand for statutory packages of

	care, e.g. the take home and settle service helped settle 719 people following a hospital discharge between April 2018 and June 2019.
	Discontinuing the service could have an adverse financial effect of Bromley's voluntary sector and lead to a reduction in choice and diversity of services that residents can access at a time when there is population growth and an increase in the number of older people requiring access to support.
	The discontinuation of the service would impact on the partnership's ability to discharge its duties under the Care Act 2014
	It is possible that non statutory funding and funding in kind will also be lost. The service has generated more than £600k in maximised income for Bromley residents through benefits income generated and legal advice and guidance. The service generates approximately more than £100,000 in volunteer hours on an annual basis
	The service has been a critical part of the Council's response to the covid pandemic.

Option 2: Build on soft market test findings and proceed to Open Tender

4.3.2 The soft market test conducted in early May 2021 has demonstrated that there is a supplier market that could potentially bid for and deliver the service required so on this basis commissioners could go to the market to seek best value.

Benefits	Challenges/Risk/Mitigation
1. Seeking value for money through competition.	The current service is meeting its performance targets and retendering could destabilise the service and wider voluntary sector provision across these pathways. Commissioners will hold a series of stakeholder events to encourage local voluntary sector agencies to bid as part of any consortia. This requirement will also be embedded into service procurement requirements
2. Incorporate new pathways/approaches into service model	New services may increase overall costs of service/Services that have been identified come with their own funding
3. Reconfigure service to reflect development of new mental health hub and mental health strategy	Ensuring that effective alignment between hub and PSIS service
4. Reconfigure services in line with learning and gaps that have been identified	Risk of undermining current services/intention is to build on rather than reconstruct services addressing key areas of weakness and enhancing key areas of strength of current service model,

Option 3: Extend current contract beyond 2022

4.3.3

Benefits	Challenges/Risk/Mitigation
1 Extending the contract would support the delivery of BCF priorities	Commissioners have already used the option to extend the service to September 2022.
2 Extending the service would reduce uncertainty in the voluntary sector, for residents and the PSIS workforce	Commissioners will conduct a series of events to ensure local providers are included in the process.

4.4 PREFERRED OPTION-Option 2 conduct an open tender

4.4.1 Recommendation: Conduct an open tender process

4.5 MARKET CONSIDERATIONS

4.5.1 The 2016 market test highlighted that Bromley had a limited provider market for prevention and early intervention services which is why the 2017 contract was awarded through negotiated dialogue. The current market test exercise has however indicated that there is a viable supplier market. With this in mind, this exercise will be undertaken in accordance with the Council's Financial Regulations and Contract Procedure Rules and completed in compliance with the requirements of the Public Contract Regulations 2015 "Light Touch Regime", which will enable commissioners to conduct an open tender process which we expect will commence this Summer.

Following feedback from suppliers participating in the soft market test event, commissioners will be conducting a series of events aimed at supporting the development of consortia bids and to bring more specialist provision into the current service configuration.

Part of this process will include ensuring that Bromley's local voluntary sector continues to play a key part in delivering services to local people to ensure the sustainability of Bromley's prevention and early intervention offer. This will be through a series of events that will be held with providers to maximise opportunities for local providers to offer specialist services as part of the overall service offer

5 STAKEHOLDER ENGAGEMENT

5.5.1 There has been significant stakeholder engagement across all nine service pathways including pathway specific surveys where service users were consulted on service provision, service scope and overall satisfaction with services. Engagement has included incorporating feedback from twelve quarterly surveys from current service users, including more recent surveys covering service changes proposed, conducting a range of stakeholder meetings with LBB and CCG colleagues to present proposals, conducting a soft market test event and as well as a series of events planned between July and September 2021 aimed at refining the service offer.

5.5.2 Engagement with staffing groups working for the Council, the CCG, and primary care has also taken place to enable commissioners to refine the service offer.

6. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS.

- 6.1 The procurement strategy will be a restricted tender process for a single service comprised of nine service pathways based on a five-year contract with the option to extend for up to two years.
- 6.2 The estimated value of the envelope is 18.3m. the value and nature make this an above-threshold contract subject to the Light Touch Regime.
- 6.3 A two stage tender process will be used, and an indicative timetable is included. In order to progress to Stage 2, organisations must pass Stage 1.
- 6.4 The contract is scheduled to commence on the 1st of October 2022
- 6.5 The indicative timetable for the procurement is as follows:

Stage	Target Date
Soft Market Test	7 th May 2021
Refine service description	June-August 2021
Develop Tender documents (ITT/PQQ/Contract)	August 2021
Advertise Tender stage 1-opportunity via Find A Tender/Contracts finder/ProContract	September 2021
Tender evaluation Stage 1	October 2021
Advertise tender Stage 2	November 21
Complete Evaluation Stage 2	Jan 22
SMT presentation (Award)	Feb 22
PDS (Award)	March 22
Executive (Award)	March 22
Notification of successful/unsuccessful suppliers	April 22
10-day period	April 22
Finalise contract on ProContract and Award Contract	May 22
Start Implementation stage	June 22
Commence service Mobilisation	June 22
New Service commences	Oct 22

- 6.6 Tenders will be awarded based on price (60%) and how bidders have answered and evidenced responses against award criteria (40%). The evaluation criteria will include ensuring that the provider can meet the requirements as detailed in the pre-qualification questionnaire. Commissioners will also work with Procurement colleagues to develop the evaluation criteria, ensuring it is in line with Bromleys procurement practice.
- 6.7 The procurement process will involve a two-stage process. Firstly, there will be a Selection Questionnaire process designed to ensure that all prospective bidders meet the required provider standards to be able to bid for the service and will include confirmation that:
- The provider has a Bromley base, or will be able to deliver services from Bromley by commencement of the contract,

- Previous experience of delivering a prevention and early intervention service with references,
 - Confirmation that they can adhere to the pricing structure detailed
 - Confirmation of their experience and intention to leverage in additional non-statutory funding to complement the service.
- 6.8 The second part of the tender will be a detailed invitation to tender which will include key questions around:
- Cross cutting themes of loneliness and isolation, previous experience of service delivery and experience of delivering a prevention and early intervention offer within a health and social care system.
 - Provider's vision regarding how to deliver the outcomes specified;
 - How these outcomes will be captured,
 - Provider knowledge of Bromley and its population, systems and local services currently available.
 - Social value
 - Providers references
 - Finance and sustainability

7. SUSTAINABILITY AND IMPACT ASSESSMENTS

- 7.1 An Equality Impact Assessment ("EIA") was completed and based on the results, a full EIA is not required for the planned procurement of this service.

8. POLICY CONSIDERATIONS

- 8.1 The Local Government and Public Involvement in Health Act 2007 places great emphasis on the role of the third sector and explicitly states that local authorities have a duty to inform consult and involve local citizens, local voluntary and community groups and businesses. It sets out clear expectations that the third sector should be involved in designing and shaping key decisions across the country, and that the sector should be a key partner to local government in creating strong and sustainable communities. LBB has embraced the responsibilities defined under the Act, establishing innovation by supporting the development of the Bromley Third Sector Enterprise (BTSE). BTSE partners are members of the Bromley Alliance, confirming the importance of the integrated working with the voluntary and community sector.
- 8.2 The PSIS contract plays a key preventative and early intervention role in Bromley's Health and Wellbeing Strategy, Ageing Well Strategy and Mental Health & Emotional Wellbeing Strategy and provides vital support to annual Winter Plans for hospital discharge.
- 8.3 The [Public Services \(Social Value\) Act](#) came into force on 31st January 2013. It requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits.

9. IT AND GDPR CONSIDERATIONS

- 9.1 Commissioners will ensure that the following are taken into consideration:

- Privacy by Design – A Data Protection Impact Assessment is carried out for this service by commissioning
- Controls on sub-contracting – The Council must be consulted prior to any award. Where an award is to be made, the provider must reflect the Council’s contractual requirements in any sub-contract.
- Providers must have necessary GDPR compliance evidence in place including policies, training, and information asset register.
- Data protection officer – Providers must appoint one where required.
- Breach notification – The providers must alert the Council of a breach within 24 hours of becoming aware of it, to allow the Council to meet it’s 72-hour reporting commitments.
- Data Sovereignty – Providers that use hosted or cloud-based services must ensure they are in UK data centres
- Rights of Data subject – Any exercise of the rights of the data subject must be actioned within 30 days where legally obliged to comply. The provider is required to take all reasonable steps to assist the Council in complying
- Information management control – The provider must employ and evidence appropriate information security and management controls to safeguard personal and sensitive personal data
- Providers must allow the Council to conduct periodic data protection audits
- Providers should subscribe to a certification mechanism to evidence compliance to the GDPR and UK Data Protection Bill
- A retention period for personal and sensitive data must be identified and documented.
- Explicit determination of what happens to the information collected and stored by providers after the contract finishes must be identified, documented, and actioned as appropriate.

10 PROCUREMENT CONSIDERATIONS

- 10.1 This report seeks to proceed to procurement for the retendering of the primary and secondary intervention services for a contract of a duration of five years with a two-year extension option, at a total value of £18.2m.
- 10.2 This is an above Public Contract Regulations 2015 threshold contract, falling within the ‘Light Touch Regime’ or Schedule 3 of the Public Contracts Regulations 2015. A restricted process will be used and a timetable is included at Section 6 above.
- 10.3 The Council’s specific requirements for authorising proceeding to procurement are covered in Rules 1 and 5 of the Contract Procedure Rules with the need to obtain the formal Approval of the Executive following Agreement by the Portfolio Holder, the Chief Officer, the Assistant Director Governance & Contracts, the Director of Corporate Services and the Director of Finance for a procurement of this value. In accordance with CPR 2.1.2, Officers must take all necessary professional advice.
- 10.4 The actions identified in this report are provided for within the Council’s Contract Procedure Rules, and the proposed actions can be completed in compliance with their content.

11. HR CONSIDERATIONS

There are no personnel implications for Bromley Council employees arising from the procurement options outlined in this report.

12. LEGAL CONSIDERATIONS

- 12.1 There are no legal restrictions on the Council carrying out the procurement exercise described in this report. The 'Procurement Considerations' section of this report accurately describes the procurement position.
- 12.2 Officers may wish to consult with Legal Services to obtain an appropriate set of terms and conditions.

13. FINANCIAL CONSIDERATIONS

- 13.1 As set out in paragraph 4.2, the estimated value of the proposed contract to be tendered is £2,611k per annum with a whole life value over the maximum 7-year period of £18.3m. This is in line with the current 21/22 budget of £2,566k plus estimated inflation.
- 13.2 It is proposed that the contract will be funded from Adult Social Care budgets, Better Care Fund (BCF) and the CCG as set out below:

	£'000
ASC	716
BCF	1,655
CCG	240
	2,611

- 13.3 In the event that the recommended contract to be awarded results in a saving then this would be split pro-rata between the Council and CCG. If it resulted in additional costs, then consideration would first be given to any option to increase the BCF allocation before the Council and CCG elements.
- 13.4 The contract will have a 3 month notice period for termination to allow sufficient time to terminate (or reduce) the contract if BCF funding were to reduce or cease during the contract term with no replacement funding being identified between the Council and the CCG.

Non-Applicable Sections:	None
Background Documents: (Access via Contact Officer)	Service Outline for Primary and Secondary Intervention Service used for the soft market test For further information contact Ola Akinlade, Integrated Strategic Commissioner Ola.akinlade@bronley.gov.uk 0208 313 4744