

**Decision Maker:** EXECUTIVE  
WITH PRE-DECISION SCRUTINY FROM ADULT CARE AND HEALTH  
POLICY DEVELOPMENT AND SCRUTINY COMMITTEE (18 JUNE 2024)  
AND CHILDREN EDUCATION AND FAMILIES' POLICY DEVELOPMENT  
AND SCRUTINY COMMITTEE (18 JUNE 2024)

**Date:** 10 July 2024

**Decision Type:** Non-Urgent Executive Key

**Title:** CONTRACT AWARD: DOMICILIARY CARE

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**Chief Officer:** Kim Carey – Director of Adults Social Care

**Ward:** All

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## 1. REASON FOR REPORT

- 1.1 Under its statutory responsibilities for adult social care, the Council provides domiciliary care services to eligible adult residents at approximately 15,000 hours of standard care per week at an estimated cost of £16m per annum. Eligible children and young people also access domiciliary care services at an estimated cost of £1m per annum.
- 1.2 Domiciliary care is provided through a network of providers. The main provider contracts are based on geographical locations or patches (East, West, Central and South). Each patch is supported by one to three provider contracts, depending on size, known as Patch Providers. Patch Providers are expected to support up to an estimated 70% of domiciliary care packages within their patch, with the remainder of packages supported by a wider Domiciliary Care Framework of providers.
- 1.3 The Patch contracts commenced in August 2021 for a five year contract with the option to extend for a further three years with delegated authority to the Chief Officer to apply the extension options. In June 2023, the contract with a Central Patch Provider was terminated early and Executive approval was received to proceed to procurement to replenish the portfolio of Patch contracts. The procurement was also designed to identify further providers to be awarded to a Reserve Patch framework from which future contracts may be awarded, as appropriate, in the event of a further need to replace a Patch contract (Report ACH24-006).

- 1.4 This report, together with the accompanying Part 2 report, sets out the outcome of the tendering process and seeks approval to award a substantive Patch contract together with award of contracts to four providers for the Reserve Patch framework.

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## 2. RECOMMENDATION(S)

- 2.1 The Adult Care and Health Policy Development and Scrutiny Committee are asked to note the report, and the accompanying Part 2 report, and provide any comment prior to Executive decision.

- 2.2 Executive is recommended to:

- i. Approve the award of a contract for a Domiciliary Care Patch Provider, as detailed in the accompanying Part 2 report, for the period 1 August 2024 to 26 August 2026 with the option to extend for a further three years at an estimated value of £3.52m per annum.
- ii. Approve award of contracts to the Domiciliary Care Reserve Patch framework, as detailed in the accompanying Part 2 report, for the period 1 August 2024 to 26 August 2026 with the option to extend for a further three years.
- iii. Approve delegated authority to the Director of Adult Social Care, subject to Agreement with the Portfolio Holder for Adult Care & Health Services, the Assistant Director Governance & Contracts, the Director of Corporate Services and the Director of Finance, to both apply the extension option for this Patch contract (in line with the existing delegated authority arrangements) and to award further contracts, as appropriate and as required, from the Domiciliary Care Reserve Patch Provider framework during the lifetime of the current Patch contract arrangements.

## Impact on Vulnerable Adults and Children

1. Summary of Impact: None
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## Transformation Policy

1. Policy Status: Existing Policy
  2. Making Bromley Even Better Priority (delete as appropriate):
    - (1) For children and young People to grow up, thrive and have the best life chances in families who flourish and are happy to call Bromley home.
    - (2) For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence, and making choices.
    - (5) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
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## Financial

1. Cost of proposal: Up to £19.5m pa for the whole borough (total Dom Care budget).
  2. Ongoing costs for central patch only: approx. £4.9-6.7m pa
  3. Budget head/performance centre: Council Domiciliary Care Budgets
  4. Total current budget for this head: £19.5m
  5. Source of funding: Revenue budget
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## Personnel

1. Number of staff (current and additional): NA
  2. If from existing staff resources, number of staff hours: NA
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## Legal

1. Legal Requirement: Statutory Requirement
  2. Call-in: Applicable
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## Procurement

1. Summary of Procurement Implications: this report proposes the Award of Contracts, following a compliant tender process to replenish the patch framework.
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## Property

1. Summary of Property Implications: NA
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## Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: The patch model addresses carbon reduction by reducing travelling across the borough and concentrating travelling in wards/neighbourhoods.

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### Impact on the Local Economy

1. Summary of Local Economy Implications: Increase the council's commitment to the Social Value Act 2012.

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### Impact on Health and Wellbeing NA

1. Summary of Health and Well Being Implications: See section 14.

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### Customer Impact

1. Estimated number of users or customers (current and projected) across the whole borough:

<b>Adults</b>	<b>CYP</b>	<b>D2A</b>	<b>Palliative</b>
81%	3%	5%	11%
15,000 hours (1139 service users)	560 hours (70 service users)	987 hours (162 service users)	1,974 hours (392 service users)

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### Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable

### **3. COMMENTARY**

- 3.1. The Care Act 2014 places a duty on the Council to carry out an assessment of a vulnerable person's needs and for the subsequent provision of community services based upon eligible need with a focus on wellbeing and prevention. The Children Act 1989 and the Children and Families Act 2014 place an emphasis on supporting children and young people who have additional needs. Eligibility for domiciliary care services will be based on the assessment and care planning approach detailed in these two Acts.
- 3.2. Domiciliary care is provided to people who still live in their own homes but who require additional support with household tasks, personal care or any other activity that allows them to maintain their independence and quality of life.
- 3.3. The Council's strategy for domiciliary care services is that wherever possible residents are supported to live in their own home and close to their family and friends through a strengths-based and outcomes-based approach that connects residents to the other supports in their community.
- 3.4. Patch Provider domiciliary care services maintain and/or increase a service user's independence, which in turn is expected to have a positive impact on their health and well-being on service users. The approach includes a Trusted Assessor role, where Patch Providers safely adjust care packages which in turn ensures that the care meets peoples changing needs
- 3.5. The Council's strategy is that 60-70% of domiciliary care provision is made through 8 Patch Providers who will deliver at scale. This approach looks to develop a sustainable and value for money model of service provision.
- 3.6. Full detail on the Patch model and the need for procurement to replenish the Patch and to introduce a supporting framework or Reservice Patch providers was set out in the Proceed to Procurement report presented to Executive on 10 July 2024 (Report ACH21-031).

### **4. CONTRACT AWARD RECOMMENDATION (for part 2 only)**

#### **4.1 Recommended Provider(s):**

Detailed in the accompanying Part 2 report.

#### **4.2 Estimated Contract Value (annual and whole life):**

Detailed in the accompanying Part 2 report.

#### **4.3 Other Associated Costs:**

Detailed in the accompanying Part 2 report.

#### **4.4 Proposed Contract Period:**

1 August 2024 to 26 August 2026 with a three year extension option until 27 August 2029.

## 4.5 Tender Summary:

4.5.1 The tender used a combined Stage 1 / Stage 2 process via an open tendering procedure under the Light Touch Regime of the Public Contracts Regulations (2015). Both stages were submitted in a single return, with Stage 1 using pass/fail selection criteria to assess the tenderers' capability and eligibility to bid for the contract, as summarised below:

Part	Section	Pass/Fail or % of score
1	1. Potential Supplier Information	Not scored but must be completed
2	2. Grounds for mandatory exclusion	Pass/Fail
	3. Grounds for discretionary exclusion	Pass/Fail
3	4. Economic and Financial Standing	Pass/Fail
	5. Group Details (if applicable)	Pass/Fail
	6. Technical and Professional Ability	Pass/Fail
	7. Modern Slavery Act 2015	Pass/Fail
	8. Additional Questions	Pass/Fail
	9. Declaration	Must be completed and signed

As part of the Stage 1 evaluation, tenderers needed to evidence a turnover of at least £3M per year, directly related to the provision of domiciliary care services. This was to ensure that they have sufficient financial standing to deliver the patches, and also to prevent providers from being over exposed to a single client.

Additionally, tenderers were required to evidence a current CQC rating of 'good' or above within Bromley or a neighbouring Borough/County, as well as relevant contract references. Tenderers that did not meet the minimum requirements of Stage 1 were excluded from the process. The Stage 2 submissions for all other tenderers were then evaluated against the following criteria.

Criteria	Weightings
General Data Protection Regulations (GDPR) & Information Governance	10%
Implementation & Mobilisation	30%
Service Development	25%
Competency & Quality Assurance	25%

Social Value	10%
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- 4.5.2 Providers were required to submit an hourly Dom Care rate within their pricing schedule, from which a schedule of rates was derived for different packages as follows:
- **Standard Domiciliary Care for Adults and Older People**; this is defined at people requiring assisted care to meet their care needs to remain at home.
  - **Discharge to Assess (D2A) Services**; the aim of this service is to facilitate a speedy return home from hospital by providing a domiciliary package of care for up to six weeks to enable a full assessment of needs to take place within the home environment.
  - **Children and Young People**; enabling domiciliary care that is part of a wider plan to enable the Young Person to maintain and learn personal care to increase their independence.
  - **Palliative and End of Life Care**; includes a range of care such as double handed, continuing chronic care needs where intensive care is required and may at time include Continuing Health Care (CHC), Continuing Care (CC) & NHS Funded Nursing Care (FNC).
- 4.5.3 The Stage 2 submissions were weighted at 40% of the overall scores, whereas the Price Schedules were weighted 60%, using the weighted average cost of all services as the basis for the calculation.
- 4.5.4 Providers were asked to submit clear mobilisation plans to evidence the workstreams needed to mobilise the contract over a short period of time to start accepting care packages. The demand in the Central patch on both standard Domiciliary Care and Discharge to Assess stands at a combined are of 4,000 hours per week. Whilst this is a mix of continuing and new packages of care our Providers will need to build capacity within a short time frame.
- 4.6 **Key Performance Indicators:**
- 4.6.1 The KPIs have been developed and redesigned during the current Award.
- 4.6.2 The suite of KPI forms part of the contract management process in capturing operational matters with the contract. It informs upon Quality Standards and is focused upon changing the culture of the traditional time/task model of Domiciliary Care to outcomes based care that underpins the Trusted Assessor model.
- 4.6.3 Following our recent Audit these new quarterly KPIs have been implemented. These KPIs include measures on:
1. Referrals and Initial Risk Assessments/care and support planning;
  2. Annual Reviews and increases/decreases
  3. No of Visits undertaken
  4. Complaints and Compliments
  5. Safeguarding alerts and
  6. Staffing matters
- 4.6.4 In addition to the suite of KPI the standard contract management process includes:
- i. Financial health
  - ii. Outcomes reporting
  - iii. Social value
  - iv. Continuous Improvement plans updated every two years and

- v. Staffing and capacity that also ‘speaks’ to financial health.

## **5. SOCIAL VALUE, CARBON REDUCTION AND LOCAL / NATIONAL PRIORITIES**

- 5.1. Providers have been required to demonstrate how they will offer Social Value, for example how they will support apprenticeships for Bromley residents, internships for people with learning disabilities and how they will work with local schools and colleges and make a broader contribution to social and economic life in Bromley.
- 5.2. Social value is ‘measured’ in the contract meetings, with the emphasises upon creating a local GDP for the borough as well as a carer pathways or job opportunities for residents. A robust policy on creating sustainable employment opportunities underpins social value and our commissioners work with the Patch providers on utilising options to create these opportunities.

## **6. TRANSFORMATION/POLICY IMPLICATIONS**

- 6.1 As above the strategic mapping of Strengths Based Domiciliary care supported by the Patch model can be traced to the Transformation priorities:
- i. Deliver efficiencies to help reduce the Council’s budget gap.
  - ii. Prioritise the health, safety, and wellbeing of our residents.

## **7. IT AND GDPR CONSIDERATIONS**

- 7.1 The Council, as part of its on-going commitment and sustaining a progressive approach to data protection and information management, requires the following be considered and evidenced:
- Privacy By design – the Council shall undertake a Data Protection Impact Assessment and manage all residual risk.
  - The Council must ensure that the contract and any information sharing agreements have robust clauses relating to data management.
  - The Council must ensure that there is an appropriate exit strategy in relation to information retention requirements and transfer with the incumbent provider where necessary.

## **8. PROCUREMENT CONSIDERATIONS**

- 8.1 This report seeks authority to award a contract to replenish the Central Patch and create a framework of reserve patch providers as detailed in Part 2 of this report.
- 8.2 This process has been carried out in line with the requirements of the Light Touch Regime of the Public Contracts Regulations 2015, following an open competition and in compliance with the competition requirements of 8.2.1 of the Councils Contract Procedure Rules (CPRs).
- 8.3 The Council’s requirements for authorising an award of contract are covered in CPR 16. For a contract of this value, the Approval of the Executive with agreement from the Portfolio Holder, Chief Officer, the Assistant Director Governance & Contracts, the Director of Corporate Services and the Director of Finance must be obtained. In accordance with CPR 2.1.2, Officers must take all necessary professional advice.



8.4 Following the decision, a Find A Tender Award Notice will be issued and, as the contract value is over £30k including VAT, an award notice will need to be published on Contracts Finder. A mandatory standstill period will need to be observed.

8.5 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.

## 9. FINANCIAL CONSIDERATIONS

9.1 This report recommends that Executive approves the award of a contract to one Domiciliary Care Patch Provider (as detailed in the Part 2 report) commencing from the 1 August 2024 until 26 August 2026 with the option to extend for a further 3 years (2 years and 4 weeks +3 years) and to end on the 26 August 2029 with an estimated contract value of £3.52m p.a.

9.2 This report also recommends that Executive approves the Domiciliary Care Reserve Patch Provider list which is to be used as an when needed from 15 July 2024 and to end on the 26 August 2029. The four reserve Patch Providers will be allocated a place on the patch reserve list based on their overall scoring in the tender process.

9.3 The Domiciliary Care Patch contracts are funded from the revenue budgets for Domiciliary Care. The 2024/25 Domiciliary Care budgets are set out in the table below:

	Adults	D2A	Children's	Total
	£'000	£'000	£'000	£'000
Expenditure	16,534	1426	1,538	19,498
Income*	-5,408	0	0	-5,408
Net	11,126	1,426	1,538	14,090

\* Note that this is all charging policy income so will include elements of income attributable to other services such as Day Care

9.4 The actual cost of this contract award will depend upon demand and on pricing through the framework. This means it is not possible to precisely understand the financial impact, but this will be closely monitored through the budget monitoring process.

## 10. LEGAL CONSIDERATIONS

10.1 This report seeks authority to approve the recommendations set out in paragraph 2.2 which include awarding a contract to one Domiciliary Care Patch Provider and appointing another four providers to a reserve patch provider list (with the providers being identified in the accompanying Part 2 report).

10.2 The Council is required to provide domiciliary support services to adults and children in furtherance of its statutory duties under the Care Act 2014.

10.3 A contract for the purchase of these services is a public contract under Schedule 3 of the Public Contracts Regulations 2015 (the Regulations). As the value of the proposed contract were likely to fall above the relevant financial threshold of £663,540 then the services were procured in accordance with the light touch regime.

10.4 The Procurement considerations outline the requirements of the Council's Contract Procedure Rules for approval of the award of contracts of this value.

**11. IMPACT ON THE LOCAL ECONOMY**

11.1 As characterised under Social Value.

**12. IMPACT ON HEALTH AND WELLBING**

12.1 The greater focus of this model of Domiciliary Care model is to enable our residents to remain as independent as possible for as long as possible.

**13. CUSTOMER IMPACT**

13.1 The Patch model provides service users with a greater experience of continuity of care.

<b>Non-Applicable Headings:</b>	8 Strategic Property Considerations; 11 Personnel Considerations.
Background Documents: (Access via Contact Officer)	Report ACH24-006