

## CABINET

18 June 2019

<b>Title:</b> Contract for Adults' Home Care Services	
<b>Report of the Cabinet Member for Social Care and Health Integration</b>	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected:</b> All	<b>Key Decision:</b> Yes
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<b>Accountable Director:</b> Mark Tyson, Commissioning Director, Adults' Care and Support	
<b>Accountable Strategic Leadership Director:</b> Elaine Allegretti, Director of People and Resilience	
<b>Summary</b> <p>Domiciliary care is a vital service which is needed to enable the local authority to fulfil its statutory duties under the Care Act 2014. The Council currently provides domiciliary care through two routes, Home Care and Crisis Intervention. Home Care is a long-term service which is provided through a 'managed personal budget' whereby the Local Authority arranges and pays for the care package on behalf of the service user. Crisis Intervention is a short-term non-chargeable care package which is usually provided following a hospital discharge for a period up to 6 weeks.</p> <p>In 2016, following a full and open tender process, the Council awarded contracts to 15 domiciliary providers, one for the provision of Home Care and another for Crisis Intervention. The contracts were for a period of 4 years and are due to come to an end on 10 January 2020.</p> <p>Undertaking a tender exercise for a framework agreement to replace the current contracts once they come to an end in January 2020 will enable the Council to award contracts to providers who can deliver high quality services for the residents of the borough while providing value for money for the local authority. It will also ensure that the Council is adhering to procurement legislations.</p>	
<b>Recommendation(s)</b> <p>The Cabinet is recommended to:</p> <ul style="list-style-type: none"><li>(i) Agree that the Council proceeds with the procurement of a framework agreement contract for Home Care Services in accordance with the strategy set out in the report; and</li><li>(ii) Delegate authority to the Director of People and Resilience, in consultation with the Cabinet Member for Social Care and Health Integration, the Director of Law and</li></ul>	

Governance and the Chief Operating Officer, to conduct the procurement, and award and enter into the contract(s) for the framework agreement and all other necessary or ancillary agreements with the successful bidder, in accordance with the strategy set out in the report.

### **Reason(s)**

Undertaking the proposed tender exercise will help the council to work towards its vision of One borough; One community; No-one left behind in the following ways:

**A new kind of council** – having a good quality provision of domiciliary care in place helps the local authority to be a well-run organisation. It will support social care teams to ensure that service users are discharged from hospital in a timely manner, reducing the amount of delayed transfers of care due to the service not being ready in time for discharge. The tender process will result in contracts being awarded to providers who can evidence that they have experience of delivering high quality domiciliary care services in a professional and reliable way.

**Empowering People** – Domiciliary care is provided to some of the borough's most vulnerable residents. The service is used to support people in their own homes to enable them to live as independently as possible and to help remove or delay the need to move into a residential care setting.

**Inclusive growth** – Due to the nature of domiciliary care a large proportion of the workforce of the organisations delivering these services are from the local area. The service provides flexible employment opportunities to individuals who are unable to work the traditional 9 to 5 working week.

**Citizenship and partnership** – The service specification will require providers to, where possible, encourage service users to utilise their informal networks of friends and families, universal services as well as community-based organisations. It will also require them to ensure that their service users are maximising the benefit of local services. Providers will be expected to make effective use of community resources, encourage active involvement of the voluntary and community sector and maximise the use of and involvement of 'universal' community resources that are used by everyone

## **1. Introduction and Background**

1.1 There are currently two types of domiciliary care being provided in the borough,:

- **Homecare** - A service provided to people in their homes to help them live their daily lives where they have need for care and support. Activities can include getting the service user up or helping them to bed, washing, dressing, meal preparation or prompting medication. Home care is arranged via managed personal budgets. A managed personal budget is where the local authority allocates a service user a personal budget amount which is sufficient to meet their care and support needs, the council will then use that personal budget to commission and pay for the services on the service users' behalf.
- **Crisis intervention** - A short-term service, for which the council cannot charge, that follows a service user's discharge from hospital. It is intended to stabilise their situation so that a social care assessment can form a reasonable view of their future care needs. Crisis intervention is intended to last for no more than 6

weeks but can take any period up to then dependent on the service user's recovery. It is provided by homecare agencies, and the result of the assessment process would generally be to see the service user move into a longer-term care arrangement with a personal budget and support from a personal assistant or other services.

- 1.2 The alternative to domiciliary care is for the service user to access their care via a direct payment. This option provides the service user with a lot more control over the services they receive, they will either receive their personal budget into a direct payment bank account managed by a payroll provider or in some cases they will receive the money directly into their own bank account. Direct payments enable the service user a greater flexibility over how they spend their personal budget however it also means they take on a greater level of responsibility which is not suitable or desirable for all service users.

### **Current position**

- 1.3 In 2016 the council undertook a tender exercise to establish two domiciliary care frameworks, one for home care and another for crisis intervention. The tendering process was undertaken because the previous method of delivering these services fell outside of the Council's contract rules as the volume of activity with some providers took them over the thresholds requiring formal tendering.
- 1.4 A competitive tender exercise was undertaken to establish the Most Economically Advantageous Tender for the services. The result of this process was 15 providers being awarded contracts and being added onto the framework for both home care and crisis intervention services.
- 1.5 Shortly after the mobilisation of the contracts one provider withdrew from the framework as their organisation took the decision to leave the domiciliary care market nationwide.
- 1.6 As part of the tender exercise tenderers were asked to submit their own 30,45 and 60-minute rates on the understanding that these rates would be fixed for the life of the contract (4 years) with no uplifts given. During the tender process the National Living Wage was introduced, in response to this all tenderers were written to and given the opportunity to amend their rates if they felt the ones they had submitted were no longer sustainable.
- 1.7 Despite the stance in the contract of no uplifts for the duration of the contract an inflationary uplift was provided in September 2018. This uplift was given following a number of requests from the contracted providers stating that their rates were no longer sustainable due to a number of reasons, namely, the increases in the National Living Wage and the increasing employer pension contributions.
- 1.8 Although there are 14 providers on the frameworks the distribution of care packages is uneven. Five of the providers have approximately 70% of care packages and there are small number of providers on the framework who do not have any care packages in place and struggled to fully mobilise their services in the borough.
- 1.9 For the 2018-19 financial year the estimated spend on home care and crisis intervention within Adults' Care and Support is c£10m.

1.10 Along side the home care and crisis intervention service there is also the following support being provided to residents to ensure efficient discharges from hospital:

- **Next Steps Service** - The London Borough of Barking and Dagenham have a contract with the British Red Cross for the provision of a Next Steps service to help facilitate speedy hospital discharges. The contract began on the 1 April 2018 and will end on the 31 March 2020.

This service is generally for vulnerable, older people over 60 (but not exclusively) who have been identified, as being medically fit but require additional support settling at home post hospital discharge but do not meet the national criteria for social care services.

Support provided by the Next Steps Service include:

- Support with settling at home post discharge
  - Arranging for keys to be cut (and other pre-discharge activities as needed)
  - Light meal preparation
  - Reminding patients to drink fluids and rest
  - Escorting to the shops or shopping on their behalf
  - Light household tasks where important to a patient's health & well-being
  - Support to carers/families
  - Form filling e.g. benefits
  - Signposting for on-going support needs if required
  - Arranging appointments (i.e. GP appointments)
  - Accompanying to out-patient clinics (fracture/dressings)
  - Conversation, companionship, empathetic listening
  - Support with rebuilding confidence and independence
  - Collecting prescriptions
- **Support from Community Solutions** – for service users who are identified by the Joint Assessment and Discharge (JAD) Team as having short term domiciliary care needs to help them following their hospital Discharge Team they are provided with a Crisis Intervention service with an pre-determined end date, six weeks after the service begins. For these service users Community Solutions will make contact around four weeks after their crisis intervention service starts and will seek to build a support network around the individual to ensure that ongoing domiciliary care is not required.

### Care Act 2014

1.11 The Care Act has a number of aspects directly relevant to the delivery of domiciliary care. These will need to be taken into consideration as the model and the specification for the future service is developed. This includes:

- **Wellbeing and prevention** - The promotion and maintaining of a person's wellbeing is now enshrined in law. As well as meeting the individual's wellbeing outcomes the service will be required to contribute to the prevention, reduction and delay of a person's needs.
- **Person-centred, person-led processes** - Central to the wellbeing principle is the ethos that the individual is best placed to make decisions about their care

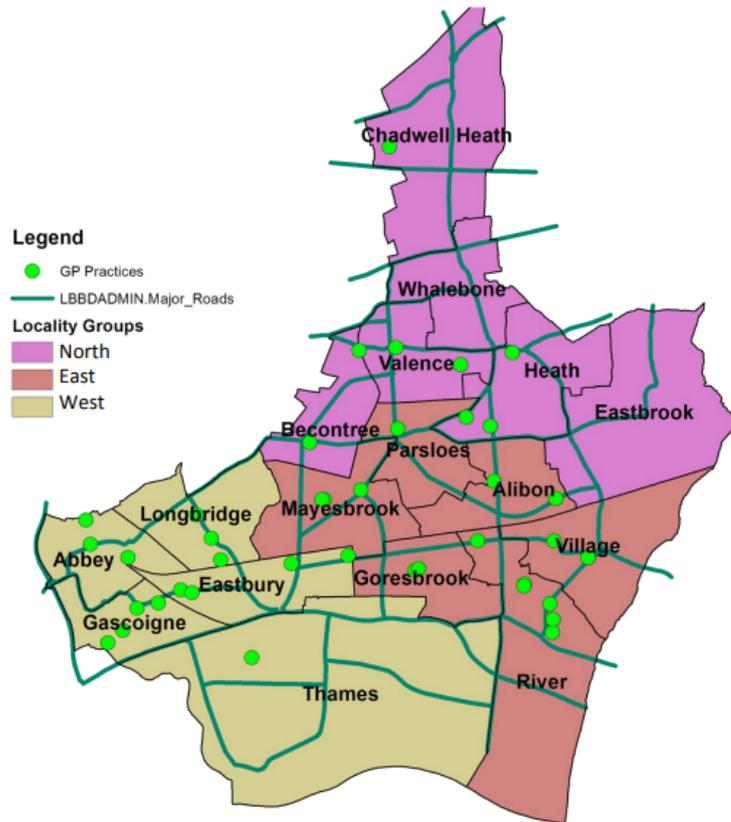
and support, and that a person-centred system takes account of the individual's views, wishes and beliefs. As part of the tender the successful provider will be required to involve the service user in all aspects of their care.

- **Personalisation** - Independence, choice and control are key themes of the Care Act which aims to complete the mainstreaming of personalisation and stimulate the proliferation of choice of services to meet different needs (and/or meet those needs differently).

## **2. Proposed Procurement Strategy**

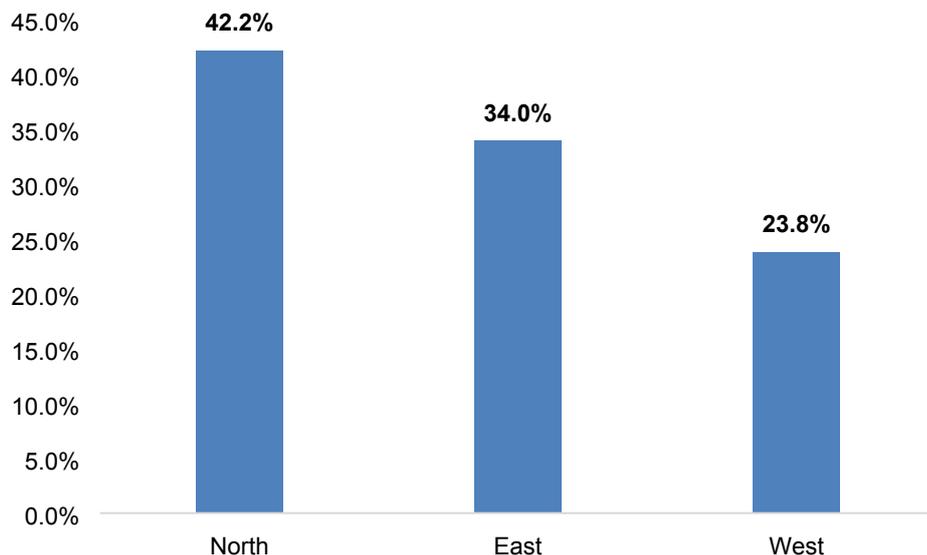
### **2.1 Outline specification of the works, goods or services being procured**

- 2.1.1 It is proposed, for the reasons detailed in this report that domiciliary care services are recommissioned through a framework agreement once the current contracts come to an end in January 2020. However, the proposal is to only recommission home care services and not crisis intervention. The reasoning behind this is due to the fact that, in reality, there is very little difference between the two services and having both complicates the system for all parties, including service users and their families.
- 2.1.2 As crisis intervention is a short-term service (up to six weeks) ceasing the delivery of this service beyond January 2020 will not impact on the continuity of services people are in receipt of. The Care Act states that intermediate and reablement services should be provided free of charge, therefore once crisis intervention is decommissioned in Barking and Dagenham service users who would have been given a crisis intervention care package will be given the first 6 weeks of their home care service without being required to contribute towards the cost of their care package. Once the six weeks period comes to an end service users may be required to pay a contribution, if their financial assessment shows that they can afford to do so.
- 2.1.3 A full procurement exercise will be undertaken to establish a framework of providers for homecare services once the current contract comes to an end. The decision to commission a framework has been taken for reasons detailed in this report however, the model will be developed from the one the council currently operating to ensure that it better fits with the delivery of social care in the borough.
- 2.1.4 Adults' Care and Support is delivered in an Integrated Care Model which sees teams of social care and health representatives working together to deliver health and social care services. To facilitate the Integrated Care Model the borough has been divided into three localities, North, East and West which both the local authority and the Barking and Dagenham Clinical Commissioning Group (CCG) have aligned themselves to. It is anticipated that a forth locality will be created following the largescale development taking place at the Barking Riverside. The below diagram shows how the borough has been divided:



2.1.5 To ensure that the delivery of home care services mirrors the way the borough's integrated care teams are operating the top 6 providers will be allocated a named locality (two providers per locality). Those providers will then be the default providers for that locality and will be offered the care packages in that location before any other providers.

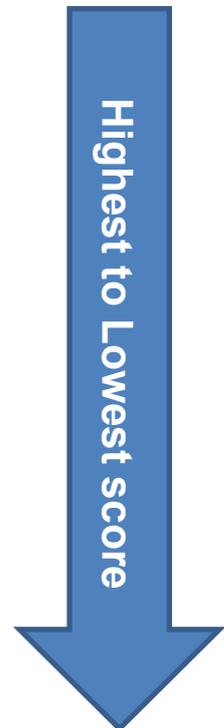
2.1.6 All of the other successful providers will be included on a general framework who will be allocated care packages should the named locality providers be unable to accept any care packages. The providers who are allocated a locality will also be included on the general framework for instances where the other providers with named localities are unable to accept a care package. The graph below shows how the current home care and crisis intervention care packages are spread across the 3 localities:



2.1.7 As can be seen above the North Locality have the highest number individuals with care packages of the three localities, almost double the amount that the West Locality have, in-light of this it is proposed that the following method is used to allocate the localities amongst the successful providers:

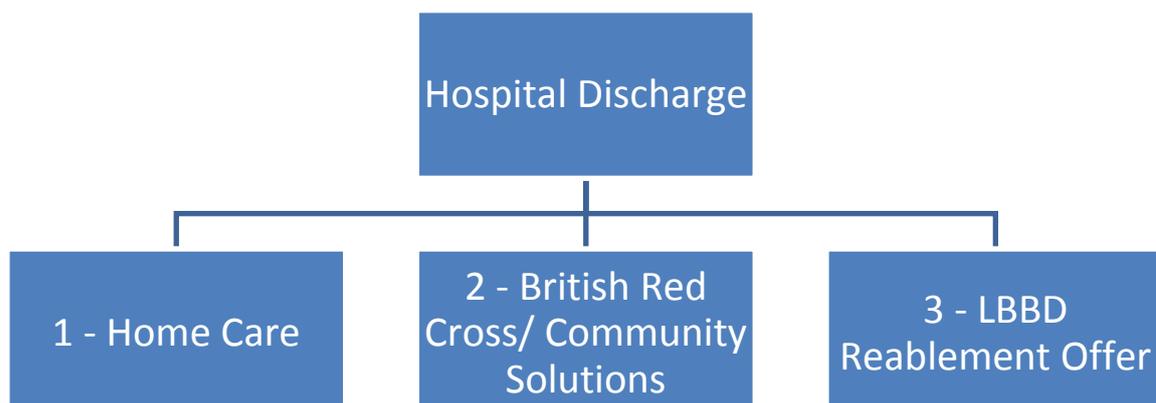
<b>Named Locality Providers</b>	
Provider 1	Locality North
Provider 2	Locality North
Provider 3	Locality East
Provider 4	Locality East
Provider 5	Locality West
Provider 6	Locality West

<b>General Framework</b>
Provider 1
Provider 2
Provider 3
Provider 4
Provider 5
Provider 6
Provider 7
Provider 8
Provider 9
Provider 10
Provider 11
Provider 12



2.1.8 This tender and the subsequent framework will only be for new packages of care. The council will not be moving existing service users from their current homecare providers following the outcome of this tender as they would have built relationships and moving them would cause unnecessary upheaval.

2.1.9 Recommissioning a framework for home care services and stopping the delivery of crisis intervention in the borough mean that it is envisaged that there will be three main options for people who required care and support in their own home following a discharge from hospital, they are:



**Home care** – where an individual is discharged from hospital with a need for a long-term care and support package in their own home (which cannot, or they do not want to be met via a direct payment) they will be provided with a home care package from a provider on the commissioned framework. The first six weeks of this service will be provided free of charge (where applicable), following this they may be required to contribute toward the cost of the care package if their financial assessment shows they have the means to do so.

**British Red Cross/ Community Solutions** – For individuals who require support but do not meet the national criteria for social care services they will be supported by the Next Steps Service which is delivered by the British Red Cross. For those that social care service but only for a short period of time they will receive a package of home care for a period of six weeks with a predefined end date, they will then be contact by community solutions at approximately four weeks to build a support network for them

**LBBB Reablement Offer** – The London Borough of Barking and Dagenham do not currently offer reablement services. Options are currently being explored for creating a reablement offer for residents based on the home care services from the framework being procured. This option would see the personal care being delivered by the home care providers and additional support e.g. occupational therapy and physiotherapy being coordinated by representative from the council.

2.1.10 The successful organisations will be added to the framework for home care services, they will be required to provide services which include:

- Support services capable of optimising independence and 'self-care'.
- All aspects of personal care.
- Supporting people discharged from hospital, enabling their prompt discharge and effective support planning upon their return home.
- Assistance with accessing community and universal services.
- End of life care and support.
- Emotional and psychological support such as confidence building and motivation
- Skills to support people with dementia and complex needs
- Practical support to assist people who hoard and have an unsafe home environment and manage and reduce risks to themselves and others.

## 2.2 **Estimated Contract Value, including the value of any uplift or extension period**

2.2.1 As the contracts offer no minimum guarantee of work to providers and the spend is dependent on the level of need it is not possible to have a set contract value. However, the spend on home care and crisis intervention in 2018/19 was c£10m. Therefore, total spend over the contract period is estimated to be in the region of £40m.

## 2.3 **Duration of the contract, including any options for extension**

2.3.1 The contract period for the framework agreement is 4 years from January 2020.

**2.4 Is the contract subject to (a) the (EU) Public Contracts Regulations 2015 or (b) Concession Contracts Regulations 2016? If Yes to (a) and contract is for services, are the services for social, health, education or other services subject to the Light Touch Regime?**

2.4.1 The contract is subject to the (EU) Public Contracts Regulations 2015 and as a social care contract are subject to the Light Touch Regime. Because the estimated value of the contract is higher than the set threshold (currently EUR 750,000), it needs to be opened up to competition and be advertised in the Official Journal of the European Union (OJEU) as required by the Regulations.

**2.5 Recommended procurement procedure and reasons for the recommendation**

2.5.1 The framework for the home care services will be procured in line with the Public Contract Regulations 2015 through a 'light touch regime' taking into account the small number of specialist providers. The recommended procurement route is a competitive open tender procedure; the tender opportunity will be advertised on the OJEU, Contracts Finder, and the Council's website and e-tendering portal (Bravo). The process will widen the competition and ensure the Council gets best value for money for this service.

2.5.2 The Council will issue the contract in line with the Public Contract Regulations for the provision of the service with a break and variation clauses. The contracts will be further tightened with service specification requirements and expected outcomes. Key performance indicators will be outlined in the service specification and agreed with the providers. Performance management will be carried out by the Council.

**2.6 The contract delivery methodology and documentation to be adopted**

2.6.1 The tender process will be undertaken to establish a framework for home care services. Successful providers will be given no guarantee of work and the framework will only be for new care packages.

2.6.2 Home care services are arranged for via managed personal budgets which are paid from the Adults' Care and Support operational budgets. Council standard terms including special terms for adult social care will be used in the contracts. A break clause will be included in the contract allowing notice to be given the Council for termination. This allows increased flexibility should a significant change in service provision be required.

2.6.3 The procurement timetable is as follows:

<b>Activities/ Tasks</b>	<b>Dates</b>
Cabinet	18th June 2019
Prepare Tender Documents (Conditions, Specification, ITT, TUPE etc)	June 2019
Market Engagement Event	June 2019
Issue contract notice /ITT	1 <sup>st</sup> July 2019
Deadline for clarifications	23 <sup>rd</sup> August 2019

Return Tenders	30 <sup>th</sup> August 2019
Tender Evaluation	September 2019
Prepare award report/ get approval	Early October 2019
Provisional Award (notify successful/ unsuccessful Tenderer's)	Mid October 2019
Standstill Period	Mid October 2019 – end of October 2019
Final award	31 <sup>st</sup> October 2019
Mobilisation including potential TUPE transfers	1 <sup>st</sup> November 2019 – 10 <sup>th</sup> January 2020
Contract commencement	11 <sup>th</sup> January 2020

## 2.7 **Outcomes, savings and efficiencies expected as a consequence of awarding the proposed contract**

2.7.1 This tender process will not deliver financial savings for the local authority. It will however mean that it will be able to deliver high quality home care services which enable the council to fulfil its duties which are detailed in the Care Act 2014.

## 2.8 **Criteria against which the tenderers are to be selected and contract is to be awarded**

2.8.1 The price quality ratio upon which the contracts will be awarded will be 60% quality and 40% price. All providers who express an interest in the tender will be issued with a tender pack which will give clear details on the price/quality criteria and weightings. This will be a single stage tender using the Open Process, this will offer the opportunity and support to less experienced providers to submit a tender for this framework contract

## 2.9 **How the procurement will address and implement the Council's Social Value policies**

2.9.1 The Council's social value responsibilities are taken through its vision: One borough; One community; London's growth opportunity.

2.9.2 Through the award of the contracts to the providers, the Council will ensure that home care services are provided to some of the boroughs most vulnerable adults.

2.9.3 Through the procurement process, tenderers will be asked to evidence how they will provide additional social value across the council through the delivery of these services.

## 2.10 **Contract Management methodology to be adopted**

2.10.1 The contract will contain specific service requirements and expected outcomes. Key performance indicators will be outlined in the service specification and agreed with

the providers. Commissioners will undertake performance management of the service.

- 2.10.2 In addition to the monitoring undertaken by the relevant Commissioning Manager home care providers are reviewed by the council's Quality Assurance Team. If there are any concerns with the quality of the service provided the Commissioning Manager and the Quality Assurance Team will work closely with the provider to address the issue and follow a robust improvement plan which addresses the issues.

### **3. Options Appraisal**

- 3.1 The following options were considered when deciding what should be commissioned when the current contracts come to an end;

**Option 1: Do nothing (REJECTED)** – this option was considered and rejected as domiciliary care is a vital service in the Council discharging the duties as defined in the Care Act 2014. If no procurement process is undertaken then all home care would have to be purchased on a spot purchase basis and, due to the amount the council spends on these services, this would be in breach of the its contract rules. Spot purchasing these services would also mean that the council would be commissioning care from a large number of providers with lesser contractual control.

**Option 2: Utilising a Dynamic Purchasing System (DPS) (Rejected)** – A DPS is an electronic method of brokering care packages, it is similar to a framework however there is no limit to the amount of providers who can join the DPS and new providers can join at any time. Once a provider has joined the DPS, by fulfilling set criteria, they can bid on care packages which are awarded on the basis of quality and cost.

The option of purchasing software which would enable Barking and Dagenham to purchase all domiciliary care services via a DPS was explored but was ultimately rejected. Although using a DPS makes the allocation of care packages fairer there are concerns about the amount of time this process takes. Currently Barking and Dagenham broker care packages in a matter of hours however a DPS would see this increase dramatically. There has also been some negative press in recent years on the use of DPS systems for care with the perception that they can be used to drive down the cost of care.

**Option 3: Commissioning a Locality Based Model (Rejected)** – A Locality Based model would see one, or a small number of providers being awarded a contract to deliver domiciliary care in each of the boroughs three localities. Although this model would enable providers to work closely with the local authority and its partners by adopting the locality model it was rejected. The reason being that having a strict locality based model would remove any element of choice for service users as they would only be able to receive a service from their allocated provider(s), it also leaves the council vulnerable to having the vast majority of domiciliary care packages with as little as three providers which would place the local authority at risk should a provider fail or delivery a poor service.

**Option 4: Commissioning a Lead Provider (Rejected)** – The lead provider model would mean the council would commission one provider to deliver all domiciliary care, they would then be responsible for sub-contracting the care that they do not have the capacity to deliver. This model was rejected for a number of reasons, mainly, through consultation with our local provider market it was clear that very few felt they were equipped to deliver this service or felt comfortable in having the responsibility of sub-contracting with other providers.

**Option 5: Re-commission Home Care and Crisis Intervention (Rejected)** – Following an in-depth service review it was felt that re-commissioning crisis intervention was not required. In reality there is very little difference between the service and generic home care and it is currently delivered by the same providers. The spec for the re-commissioning of home care will include the same mobilisation requirements as crisis intervention to ensure that ceasing crisis intervention will not have a negative impact on the Council's ability to aid in the timely discharge of service users from hospital.

### **Option 6: Re-commission a Framework for Home Care (Recommended)**

#### **4. Waiver**

4.1 Not applicable.

#### **5. Consultation**

5.1 in the development of the commissioning model discussed in this report operational colleagues from Adults' Care and Support were consulted to ensure that it meet their needs in supporting service users to remain in their own homes. The proposed model addresses some of the issues they currently experiencing with the current model, such as finding agencies to deliver care in Thamesview and Marks Gate. Having providers with names localities means that they will be able to build up their workforce in the traditionally hard to cover areas of the borough.

5.2 The current domiciliary care providers were also consulted on the options for the service moving forwards. Their feedback meant that some possible models were rejected, such as the lead provider model, as it was clear that this was not something they would currently be comfortable in delivering and could lead to a shortage in suitable applications.

#### **6. Corporate Procurement**

Implications completed by: Adebimpe Winjobi, Senior Procurement and Contracts Manager

6.1 The service being procured falls within the description of services covered by the Light Touch Regime (LTR) under the Public Contracts Regulations 2015. However, the value of this contract, is estimated to be above the LTR threshold for such services (currently set as £615,278) and as such need to be advertised in the Official Journal of the European Union (OJEU) as required by the Regulations. The Council's Contract Rules also require contracts with a value of £50,000 or more to be advertised and opened up to competition.

- 6.2 In keeping with the EU procurement principles, it is imperative that the contract is tendered in a competitive way and that the process undertaken is transparent, non-discriminatory and ensures the equal treatment of bidders. The proposed procurement route to competitively tender this service will widen the competition, provide best competition to get best value for money for the Council and will be compliant with the Council's Contract Rules and EU Regulations.
- 6.3 The use of call offs under a framework agreement for this service will allow the Council more flexibility around the services in terms of volume and extend of use and also select from a number of suppliers for its requirements, helping to ensure that each purchase represents best value.
- 6.4 It is imperative when setting up the framework agreement, the council should include in the contract documents as many of the terms as possible which will apply to the call-off contracts so that the suppliers are clear as to their risks in relation to the call-off terms
- 6.5 Corporate procurement will provide the required support to commissioners throughout the entire process

## **7. Financial Implications**

Implications completed by: Abdul Kayoum, Finance Business Partner

- 7.1 The cost for home care and crisis intervention will be met from the existing budget provision. Even though the spend on home care is circa £10m, the base budget is £6m and the gap is funded from the overall pot available for Care & Support. The council are in the process of identifying growth needs for the service through the Medium Term Financial Strategy (MTFS).
- 7.2 Spend is likely increase year on year in line with growth pressure as well changes in complexity of care needs. Uplifts will also have to be considered in order to maintain market sustainability.
- 7.3 This is a statutory service that the council must provide therefore it is difficult controlling demand. However, the option is available to work with preferred suppliers offering better value for money.

## **8. Legal Implications**

Implications completed by: Kayleigh Eaton, Senior Contracts and Procurement Solicitor, Law and Governance

- 8.1 This report is seeking Cabinet's approval to establish a new four (4) year Framework Contract for Home Care Services to commence delivery in January 2020.
- 8.2 It is noted that Paragraph 2.2 suggests that the total value of the Framework Contract is likely to be £40 million over the contract period. As this is above the EU threshold of the Light Touch Regime, there is a legal requirement to competitively tender the contract via the Official Journal of the European Union (OJEU). The Council must also publish a contract award notice and comply with the relevant

provisions of the Council's Contract Rules and with the EU Treaty principles of equal treatment of bidders, non-discrimination and transparency in conducting the procurement exercise.

- 8.3 It is noted from paragraph 2.5 that the Council will use the Open procedure and advertise the opportunity in OJEU, Contracts Finder, the Council's website and e-tendering portal, Bravo. These processes will therefore satisfy the requirements of the Council's Contract Rule 28.5 which states that contracts with a value above £50,000 must be competitively tendered.
- 8.4 Contract Rule 28.8 of the Council's Contract Rules requires that all procurements of contracts above £500,000 in value must be submitted to Cabinet for approval. In line with Contract Rule 50.15, Cabinet can indicate whether it is content for the Chief Officer to award the contracts following the procurement process with the approval of Corporate Finance.
- 8.5 The report author and responsible directorate are advised to keep the Law and Governance team fully informed who will be on hand and available to assist and advise.

## 9. Other Implications

### 9.1 Risk and Risk Management

Risk	Likelihood	Impact	Risk Category	Mitigation
Delay to/ failed procurement process	Low	Medium	Low	A realistic timetable has been set for this procurement process. Should there be a delay in the process the council has a number of established domiciliary care providers in the borough to ensure that there is service continuity.
No tender received	Low	High	Medium	Barking and Dagenham have a very high number of domiciliary care providers in the borough, so it is very unlikely that no tenders will be received. All providers registered in the borough will be notified of the upcoming tender.
Successful provider is unable to deliver the service	Low	Low	Low	The fact that the procurement process will result in a number of providers being awarded contracts it will mitigate the impact should a provider be unable to deliver a service or chose to withdraw from the contract.
Contract award decision challenged by unsuccessful provider(s)	Low	Low	Low	The procurement process will be carried out in line with Council's contract rules and EU Public Contracts Regulations. Legal and corporate procurement will be consulted, and documentation will be kept for the required amount of time.

- 9.2 **TUPE, other staffing and trade union implications** – As this procurement exercise is only for new packages of care there are no TUPE implications.
- 9.3 **Corporate Policy and Equality Impact** – The proposals detailed in this report align and support the boroughs overall vision and priorities, as shown in the reasons section of this report.

The domiciliary services which will be commissioned will be used to support some of the boroughs most vulnerable residents. Access to these services will be via a full assessment of an individuals needs which will be undertaken by the operational teams in Adults' Care and Support. Many of the recipients of these services will have protected characteristics and this support will help them to live as independently as possible.

- 9.4 **Safeguarding Adults and Children** – Domiciliary Care providers deliver care and support to some of the borough's most vulnerable adults. All successful providers will be required to train their staff in safeguarding and to have a robust safeguarding policy in place.
- 9.5 **Health Issues** – Domiciliary care supports individuals to remain healthy and independent in their own homes.

**Public Background Papers Used in the Preparation of the Report:** None

**List of appendices:** None