

## Appendix 1 – Re procurement options

<b>Option 1 – Do nothing - decommissioning the services</b>	
<p><b>Benchmarking</b> – The Care Act 2014 requires local authorities to manage their local market, which includes facilitating, oversight, structuring, analysis and engagement. If the council did nothing then from 1<sup>st</sup> April 2025 the provision of care and support at home would revert to spot purchasing arrangements across the neighbourhoods, this results in a lower ability to enforce adherence to the <i>Ethical Care Charter</i> (ECC) as only partial commitment is required for spot providers e.g., London Living Wage. Across health and social care, this is not a common method for managing the local market and shaping the strategic direction of service delivery .</p>	
<b>Pros</b>	<b>Cons</b>
<ul style="list-style-type: none"> <li>• Having a number of spot providers enables a more fluid approach to market management during the critical periods e.g., during the pandemic and supporting winter planning.</li> <li>• Management of spot provision has been successful due to the small number of spot providers previously engaged with, enabling a strong monitoring relationship to ensure good quality services and outcomes for residents.</li> <li>• Spot providers are often willing to engage with council service development to support strategic direction towards strengths-based working.</li> <li>• Similar costs to neighbourhood contracted providers – although recognition that there is less adherence to the ECC.</li> </ul>	<ul style="list-style-type: none"> <li>• Leaves the market in an unstable position where the council relies too heavily on ad hoc purchase arrangements with providers.</li> <li>• Council has less influence over providers purchased through ad hoc purchasing relationships.</li> <li>• This does not support the current strategy for care and support at home, which is to develop a neighbourhood approach with partners in health and care.</li> <li>• Results in the council continuing contractual relationships with known issues causing poor outcomes for residents</li> <li>• Council has a lower ability to enforce adherence to the <i>Ethical Care Charter</i> (ECC) as only partial commitment is required for spot providers e.g., London Living Wage.</li> <li>• Less able to ensure the price of care and support at home, leaving the council vulnerable to provider-led price rises.</li> </ul>
<b>Financial assessment</b> – No change beyond usual annual inflationary uplift process.	
<b>Outcome</b>	Not recommended
<b>Option 2 – Renegotiate contracts and award contract for 1 year</b>	
<p><b>Benchmarking</b> – In line with Care Act requirements to manage the local care market, strategically commissioning services improves the ability of the council to acquire strong relationships and influence over the local care and support provision. Renegotiating the current contracts for a 1 year direct award will allow us to reshape the model of care and support in the neighbourhoods within a known environment of providers that we have strong working relationships. Furthermore, it will enable us to test and learn new ways of working to inform our future commissioning intentions and enable us to have a longer period of working with the design agency Fora, who are supporting our engagement with residents to ensure our vision and service design truly reflects their changing needs.</p>	

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<p>This will better enable adult social care to strengthen the neighbourhood networks with partners and ensure better outcomes for residents, whilst improving working conditions for the social care commissioned workforce.</p>	
<p><b>Pros</b></p> <ul style="list-style-type: none"> <li>• Can commission and mobilise this type of procurement relatively quickly as this procurement does not deviate from the current strategic approach.</li> <li>• Continue to enforce adherence to the ECC and improve employment standards for care workers.</li> <li>• Improve the council’s ability to embed social value within the neighbourhoods.</li> <li>• Improve commitment to neighbourhood working and delivering the strategic priorities in social care.</li> <li>• Provides stability in the market for an interim period until all care and support at home contracts end.</li> <li>• Strengthens the council’s ability to meet its Care Act duty to manage the local market.</li> <li>• Enables the council to take a ‘test and learn’ approach with a successful provider who may bring skills and knowledge from other areas of their service provision.</li> <li>• Provides time to ‘test and learn’ from different ways of working in order to transform service provision from April 2025 when the contracts come to an end.</li> <li>• Enables the council to fix the price for care and support at home over the period of the contract and better enables us to manage our budgets.</li> </ul>	<p><b>Cons</b></p> <ul style="list-style-type: none"> <li>• Creates an indirect relationship with the council and residents.</li> <li>• This will by definition limit the local provision of services in favour of those previously successful.</li> </ul>
<p><b>Financial assessment</b> – Limited change beyond usual annual inflationary uplift.</p>	
<p><b>Outcome</b></p>	<p>Recommended</p>
<p><b>Option 3 – In-house service delivery</b></p>	
<p><b>Benchmarking</b> – Nationally, the vast majority of care and support at home is provided through contractual relationships with external providers. Some examples where local authorities provide inhouse reablement services result in the separation of roles, with assessment and coordination provided by the</p>	

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council, and the delivery provided either by the council and / or provided via a spot purchased provider. An additional purpose of option 2 is to enable adult social care commissioning to further explore in-house opportunities with fully costed proposals in place for April 2025 and onwards.

Pros	Cons
<ul style="list-style-type: none"> <li>• Ensures services share Camden’s vision and take a strengths-based approach to transform outcomes.</li> <li>• Enables full utilisation of Camden’s local knowledge and relationships to improve community participation.</li> <li>• Council controls service strategy and retains flexibility to change it.</li> <li>• Ability to have greater control of social value.</li> <li>• Council retains full control to drive efficiencies/economies of scale.</li> <li>• Facilitates a direct relationship between the Council and residents.</li> </ul>	<ul style="list-style-type: none"> <li>• Management capacity, expertise and specialisms could not be established quickly enough to maintain service quality and prevent disruption for residents.</li> <li>• Cannot benefit from the potential innovation a competitive market could offer, or benefit from providers.</li> <li>• Current staff eligible for TUPE, which would increase the staff employed by the council.</li> <li>• Set-up costs (ICT, management structures, etc.) and staff costs are higher than current costs, impacting on value for money and MTFS intentions.</li> <li>• Ongoing service costs are likely to be higher than current expenditure for care and support at home.</li> <li>• Could not be implemented by July – Oct 2023 but could be considered in the longer term when the contracts come to an end as the Council develops its capacity, capability and infrastructure to operate in-house services</li> </ul>

**Financial assessment** – Likely to increase costs, this will be explored further during the period between 2024 to April 2025.

It should be noted that the council has financial responsibility for employees TUPE’d from the council into the private sector 25 (est.) years ago. Consequently, in-sourcing decisions taken over the coming years, will need to consider long-term implications.

<b>Outcome</b>	Not recommended
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