

## Cabinet

<b>Report Title</b>	Re-commissioning of Sandwell Community Dementia Service
<b>Date of Meeting</b>	Wednesday, 4 February 2026
<b>Report Author</b>	Maxine Groves, Paul Moseley
<b>Lead Officer</b>	Executive Director - Adult Social Care and Health
<b>Lead Cabinet Member(s)</b>	Cabinet Member for Adult Services, Health & Well-being
<b>Why is this a key decision?</b>	The decision will be significant in terms of its effect on communities living or working in an area comprising two or more wards of the Borough.
<b>Wards Affected</b>	(All Wards);
<b>Identify exempt information and exemption category</b>	Open
<b>Is the report urgent?</b>	No
<b>Reasons for urgency (only where applicable)</b>	N/A
<b>Appendices (if any)</b>	N/A

### 1. Executive Summary

1.1 This report seeks Cabinet approval to commence a procurement exercise to re-commission the Sandwell Community Dementia Service when the current contract expires on 28 September 2026. Dementia prevalence continues to rise in Sandwell, with increasing complexity of need placing sustained pressure on post-diagnostic community support.

### 2. Recommendations

Cabinet is recommended to: -

2.1 Approve the recommissioning of the Sandwell Community Dementia Service through a competitive procurement process for a period of three years with the option to extend for up to a further two years;

- 2.2 Agree that the service will operate within the existing Better Care Fund budget subject only to annual inflationary uplifts;
- 2.3 Approve the inclusion of a contract modification provision, in accordance with the Procurement Act 2023, to allow for a cumulative increase of up to 50% of the initial contract value, where required to address a known and evidenced risk relating to sustained increases in demand that cannot be safely or effectively managed within the original contract value;
- 2.4 Delegate authority to the Executive Director – Adult Social Care and Health, in consultation with the Cabinet Member for Adult Services, Health and Well-being, to approve the final service specification and award the contract; and
- 2.5 Approve an exemption to rule 8.7 of Procurement and Contract Procedure Rules 2018-19, or subsequent amendment, to allow the Executive Director – Adult Social Care and Health to award contracts to the successful tenderer(s) if the required minimum number of tenders are not received.

### **3. Proposals – Reasons for the recommendations**

- 3.1 Dementia is a major contributor to long-term support needs. Community post-diagnosis support improves understanding, planning, carer resilience and connection to local services. It supports system resilience by reducing avoidable escalation to crisis responses and higher-cost care.
- 3.2 The Sandwell Community Dementia Service currently provides a single point of access and a tiered support offer delivered with Voluntary and Community Sector partners. The contract expires on 28 September 2026 with no remaining extension options, requiring procurement to maintain continuity.
- 3.3 On 18 December 2025, the Sandwell Joint Partnership Board considered the future commissioning arrangements for the service and agreed that recommissioning should proceed within the existing Better Care Fund allocation, subject to an inflationary uplift, which for the present time will be estimated at 5%.
- 3.4 The estimated costs for the first year of the new contract will be £416,948. Over a three year period and assuming a 5% annual uplift each year, this would equate to a contract value of £1,314,428.

### **Policy outcomes and objectives**

- 3.3 The recommissioning supports the Council's Care Act 2014 duties to promote wellbeing and prevention, and to provide information and advice (including to carers). It supports Sandwell's Vision 2030 ambitions for residents to live healthy, independent lives and be supported in their communities.
- 3.4 The service contributes to Better Care Fund objectives by supporting integrated working and navigation across health and social care. The revised specification will require clear alignment to neighbourhood and frailty pathways and effective partnership working with primary care, Adult Social Care, Acute services and the Voluntary and Community Sector.

### **Evidence and performance assurance**

3.5 Contract monitoring shows sustained high demand and pressure on responsiveness and review activity. The Joint Partnership Board emphasised that activity volumes alone do not justify additional investment without clear evidence of throughput, duration of support and step-down outcomes.

3.6 The recommissioned contract will therefore require routine reporting on: referrals and triage outcomes; response times; numbers supported by tier; average duration by tier; review compliance; step-down and exit routes; and onward referral and handover to neighbourhood and Voluntary and Community Sector support. This will provide objective evidence of flow and value for money.

### **Proposals and delivery**

3.7 Procurement and commissioners will refresh the specification while retaining core functions (single point of access, advice and guidance, navigation and carer support). The service model will include explicit review points and exit routes and will require the provider to demonstrate active integration with neighbourhood and frailty pathways.

3.8 Key specification requirements include:

- Tiered support with defined entry criteria, review points and exit routes (including step-down).
- KPIs and reporting that evidence throughput, duration of support and step-down outcomes.
- Alignment with neighbourhood and frailty pathways, including liaison and handover arrangements.
- Data quality and equalities monitoring to address access inequalities.
- Mobilisation plan covering continuity of support, safeguarding and information governance.

### **Timetable, resources, governance and accountability**

3.9 The procurement will be planned to provide sufficient mobilisation time ahead of 29 September 2026. Strategic oversight will be through Better Care Fund governance, including the Joint Partnership Board. Contract management will be led by Adult Social Care commissioning supported by finance and performance colleagues.

<b>Milestone</b>	<b>Indicative timing (2026)</b>
Finalise specification and KPIs	Jan – Feb
Opportunity advertised	Mar - Apr
Tender return and evaluation	May
Award decision and contract award	Jun
Mobilisation and transition	Jul – Sep
Contract start	29 Sep

### **Costs, best value and savings**

3.10 The procurement will be delivered within the existing Better Care Fund budget allocation for the Sandwell Community Dementia Service, subject only to an inflationary uplift consistent with standard commissioning practice and

affordability. Best value will be secured through competitive procurement and evaluation criteria balancing quality and price.

- 3.11 No new savings targets are created by this proposal. The strengthened KPI framework is intended to improve flow and reduce avoidable escalation to higher-cost services. Any future growth funding consideration would require a separate business case and governance approval.
- 3.12 Given the projected growth in dementia prevalence and increasing complexity of need, there is a recognised risk that demand for community dementia support may exceed current commissioned capacity over the life of the contract. While the recommissioned service specification is designed to optimise value for money, strengthen throughput, and ensure timely review and step-down, there remains a possibility that demand pressures cannot be fully mitigated through service redesign alone.
- 3.13 It is therefore proposed that Cabinet approves, in principle, the inclusion of a contract modification provision in accordance with the Procurement Act 2023, enabling the contract value to increase by up to 50% where required to address a known and evidenced risk relating to sustained growth in demand. This would apply only where there is robust evidence that demand cannot be met safely or effectively within the original contract value once the service has been fully optimised for value for money and effectiveness. Any such modification would be subject to a clearly defined assurance process, including demonstrated compliance with the strengthened performance and throughput framework, evidence of efficient use of existing resources, and a clear articulation of the risks and consequences of unmet demand for residents and the wider health and care system.
- 3.14 This approach provides a proportionate and controlled mechanism to respond to exceptional demand pressures without committing to additional funding in advance. It ensures that any future increase in contract value would be evidence-based, time-limited where appropriate, and aligned to Better Care Fund objectives, including prevention, integration and avoidance of higher-cost interventions. Cabinet approval of this flexibility would support service continuity, system resilience and prudent financial management while retaining appropriate member oversight of significant contract variations.

#### **4. Alternative Options Considered**

- 4.1 Option 1 – Do nothing: allowing the contract to expire would remove a key element of the dementia pathway and was rejected due to the significant impact on residents and partner organisations.
- 4.2 Option 2 – Recommission with growth funding: this option was considered but not approved by the Joint Partnership Board due to affordability concerns.

#### **5. Consultation**

- 5.1 The recommissioning approach is informed by routine service user and carer feedback, contract monitoring, engagement with the current provider collaborative and Voluntary and Community Sector partners, and market engagement undertaken in late 2025. System partners across Adult Social

Care, Public Health, Primary Care and NHS services have contributed to the revised assurance requirements.

5.2 Scrutiny engagement has taken place through the Dementia Strategy refresh process. Joint Partnership Board and Scrutiny feedback has shaped the emphasis on affordability, integration and measurable throughput.

## **6. Financial Implications**

6.1 The recommissioned service will be funded through the Better Care Fund within the existing budget envelope for the Sandwell Community Dementia Service, subject only to an inflationary uplift. For the present purposes this is estimated at 5%.

6.2 Based on the recommended contracting period of 3 years (an option to extend for up to 2 years will be built into the contract), estimated costs are as follows:

Current contract value (to 29/9/2026)	Yr1 to 29/9/2027 (+5%)	Yr2 to 29/9/2028 (+5%)	Yr3 to 29/9/2029 (+5%)	Total (3 years)
£397,093.60	£416,948	£437,795	£459,685	£1,314,428

## **7. Legal and Governance Implications**

7.1 The Council has relevant powers and duties under the Care Act 2014, including wellbeing, prevention and information and advice duties. Procurement will comply with the Council's Contract Procedure Rules and relevant procurement legislation. Contract terms will include safeguarding, quality assurance and information governance requirements, including compliance with data protection legislation.

## **8. Risks**

8.1 A full risk register is in place, setting out risks related to service delivery, commissioning, financial planning and procurement.

8.2 Key risks relate to recruitment, market appetite, and transitional arrangements during recommissioning. These are mitigated through early market engagement, clear communication with existing providers, and phased implementation planning.

8.3 The service will continue to build strong links with the local communities, working effectively with the Police, NHS and Voluntary and Community Sector organisations, and will ensure that the Sandwell Safeguarding Adults Board priorities and practice standards are promoted and followed.

## **9. Equality and Diversity Implications (including the public sector equality duty)**

9.1 Equality Impact Assessment screening indicates positive impacts for disabled residents and carers. The specification will include equitable access

requirements, accessible information standards and equalities monitoring to identify and address any disparities in access or outcomes.

## **10. Other Relevant Implications**

- Workforce/HR: bidders must set out workforce and transition plans; TUPE may apply if provider changes.
- ICT/Information governance: compliance with UK GDPR and Data Protection Act 2018; secure records and reporting.
- Procurement/Social value: evaluation will include social value and community engagement commitments.
- Health and wellbeing: supports prevention, carer resilience and community connection.

## **11. Background Documents**

11.1 None.

## **12. How does this deliver the objectives of the Strategic Themes?**

12.1 This report supports Healthy in Sandwell and Living in Sandwell by sustaining community post-diagnosis dementia support, strengthening prevention and neighbourhood working, and improving accountability for outcomes and value for money.