

Slough Borough Council

Report To:	Cabinet
Date:	17 th June 2024
Subject:	Adult Social Care Re-procurement of domiciliary care services
Lead Member:	Cllr Anna Wright, Adult Social Care
Chief Officer:	Executive Director, Marc Gadsby
Contact Officer:	Director of Commissioning, Jane Senior Group Manager Purchasing, Suzanne Binns
Ward(s):	All
Key Decision:	No
Exempt:	Part Exempt – Appendix 2 is exempt as it contains the following category of exempt information as specified in Paragraph 3, Schedule 12A of the Local Government Act 1972, namely: "Information relating to the financial or business affairs of any particular person (including the authority holding that information)"
Decision Subject To Call In:	Yes
Appendices:	Appendix 1 – Equality Impact Assessment Appendix 2 (Exempt) – Supplier List

1. Summary and Recommendations

Summary

1. This report seeks approval to award contracts to 14 suppliers of domiciliary care which have been tendered by competitive process via the Council's Adult Social Care Dynamic Purchasing System. This will ensure a sufficiency of supply on the expiry of current contracting arrangements during 2024.

Recommendations:

Cabinet is recommended to:

- (a) Agree to the award of contracts to 14 suppliers for the provision of domiciliary care. This will be to providers 1,3,4,5,6,22,28,34,38,42,46,47,55, and 57. Details of these providers are shown in Exempt Appendix 2. The contract term shall be for three years commencing on 1st July 2024 with an optional extension of two years.
- (b) Agree to the issuing of contract extensions and variations to existing tranche 3 suppliers, who did not bid for a new contract or who were unsuccessful at this re-procurement for a period until 30th November 2024. This will enable suppliers to

continue to work with up to 236 service users who wish to remain with their current supplier, but not to take on new referrals, whilst alternative arrangements are put in place. To issue contract extensions and contract variations to limit supply of services to existing service users under the contract to the following providers [Details of providers are listed in Exempt Appendix 2].

Providers 7, 15, and 41 contract extension from 28th June 2024 to 30th November 2024, which are safeguarding contracts issued pursuant to council wellbeing, safeguarding, continuity of supply and individual person-centred approach duties under The Care Act 2014 and related Guidance.

Providers 32, A and B contract extension from 1st September 2024 to 30th November 2024 which is within the timescales permitted within existing contract terms and compliant with Regulation 72(1)(a) PCR 2015.

- (c) Delegate authority to the Executive Director for People (Adults) in consultation with HBPLaw, and the Lead Member for Social Care to enter into the tranche 3 contracts for domiciliary care
- (d) Delegate authority to the Executive Director for People (Adults) in consultation with HBPLaw, and the Lead Member for Social Care to enter into the contract extensions and contract variations with existing providers of domiciliary care as detailed in recommendation 2 above.

Reason:

To ensure a sufficiency of supply of domiciliary care in the local area, which has been secured through competition.

Commissioner Review

"The Commissioners note the content of this report, the Care Act, duty to shape and maintain an efficient and effective market of services for meeting care and support needs and that the mitigation plans addressing the additional costs as forecasted will be provided in the 2024/25 Period 2 Financial Monitoring report."

2. Report

Introductory paragraph

2.1 In November 2022, Cabinet approved the re-tendering of tranche 3 of domiciliary care contracts. The first two tranches of contracts were re-tendered and a contract award report presented to Cabinet in June 2022, and November 2022 respectively. Replacement care was added as an additional service type within the specification to the existing contract terms for Tranche 2 and 3 to enable services to provide pricing for this service activity. Domiciliary Care Registered Replacement Care services extends the support available to Carers and contributes to implementation of the Carer's Strategy.

2.2 This report sets out the results of the tendering and evaluation process for the third tranche of contracts and recommends contract award to 14 suppliers. It also recommends issuing contract extensions and variations to existing tranche 3 suppliers to ensure continuity of service for existing service users.

2.3 The provision of good quality domiciliary care enables individuals with assessed care and support needs to remain living at home, thus promoting independence and reducing the need for more expensive residential care.

2.4 Domiciliary care providers play an essential role within the health and social care system, not only by delivering care to those who are assessed as requiring it, but also by enabling timely discharge from hospital, freeing up hospital bedspaces and facilitating moves back home. Local authorities are required, under s5 of the Care Act 2014, to ensure a diverse and sustainable market to meet eligible assessed care needs including care at home for those who require it. This includes the provision of directly commissioned care as well as provision for those in receipt of Direct Payments and self-funders.

2.5 The provision of domiciliary care meets the following Council priorities and objectives: Slough Health and Wellbeing Strategy Priority Two- Integration – Increasing the proportion of people living independently at home and decreasing the number of people living in care homes.

2.6 Slough Corporate Plan

2.6.1 An environment that helps residents live more independent, healthier and safer lives Domiciliary care enables individuals with assessed care and support needs to remain living at home, thus promoting independence and reducing the need for more expensive residential care.

2.6.2 A council that lives within our means, balances the budget and delivers best value for taxpayers and service users The provision of domiciliary care prevents the need for take up of more expensive residential care. This supports the Council to balance the budget and deliver best value.

2.7 Market Position Statement, Adult Social Care Strategy, and Health and Wellbeing Strategy

2.7.1 The service specification promotes delivery of domiciliary care in an enabling manner and aligns with the preventative approaches described within the Market Position Statement, Adult Social Care Strategy, and Health and Wellbeing prevention agendas.

2.7.2 Providing sufficient supplies of domiciliary care enables people to remain living in their own homes for as long as possible, reducing the need for unnecessary moves into care homes. The procurement supports the Market Position Statement in allowing appointment of providers through competitive tendering with the market presenting sustainable pricing which also offers Best Value.

2.8 Background

2.8.1 Domiciliary Care plays an essential role within the health and social care system. Care workers provide care and support to individuals with assessed needs within their own homes, to enable them to stay independent for longer. Care and support activities can include administration of medication, helping people with transfers (for example from bed to chair), helping with washing, dressing and toileting and other forms of personal care. Domiciliary care providers enable people to return home after a hospital stay, thus ensuring that hospital discharge takes place on time and that individuals do not need to stay in hospital longer than necessary.

2.8.2 The referral process is managed by allocating packages of care to the lowest priced supplier who has availability across all tranches of contracted supply and can meet the individual service user's needs.

2.8.3 The Council currently pays providers on a per minute basis for actual delivery of care up to the commissioned visit duration. Where any additional time has been required on individual visits, due to an emergency situation or a temporary fluctuation in need, these are then checked before being authorised for billing.

2.8.4 The contract terms include the requirement for providers to adhere to the National Minimum Wage Regulations so that providers are required to pay all care workers at or above the wage levels as set each year under the regulations and that all care workers are paid travel time in accordance with the regulations.

The Procurement Process

2.8.5 A Procurement Officer from the Commercial Team was consulted on the procurement process and published the requisite notifications. The procurement was undertaken in accordance with the Public Contracts Regulations 2015 and procurement oversight was provided by a member of staff within the corporate Commercial team.

2.8.6 Expressions of Interest from providers were sought using a Find a Tender Prior Information Notice (PIN) issued on the 23rd October 2023 through the SE Shared Services Portal. This informed providers of the opportunity for Tranche 3 contracts being let through the ASC Dynamic Purchasing System for Slough Residents (DPS), and invited providers not already registered on the DPS to make their applications. Applications to the DPS were assessed, and successful organisations were admitted onto the existing DPS and provided with instructions on how to locate the Mini-competition opportunity. Any suppliers unable to meet the deadlines for qualification on to the DPS before the Tranche 3 mini-competition invitations were published were able to continue their application and if successful are able to participate in subsequent published opportunities. See also para 2.9.25 to 2.9.29 to for details of future opportunities.

2.8.7 In following-up from lessons learned from Tranche 1 and 2 tenders, a Market Engagement event was held on the 6th November 2023. Providers were able to ask questions about the mini-competition. They were also provided with guidance on how to apply for inclusion on the DPS via the SE Shared Portal and information on the methodology to maximise their scoring at the bidding stage. This included making sure to read the documents fully, check that answers have addressed all of the points required in Method Statement submissions, and to not to leave submissions to the last minute in case of technical issues. The notes and presentation were circulated with the mini-competition documentation

2.8.8 All organisations currently on, and also those successful in joining the relevant DPS Lots were invited to participate in the mini-competition. This included all existing suppliers of domiciliary care.

2.8.9 The mini competition was also advertised on Find a Tender through the SE Shared Services Portal on the 28th December 2023 with a deadline for submissions of the 15th January 2024.

2.8.10 At tender, bidders were required to submit a Method Statement, answering 20 quality/technical questions, and to submit Pricing Schedules with regard to the services

tendered, alongside their required declarations and other contractual documentation returns.

2.8.11 Fifty-seven proposals were received, 3 organisations failed to submit a complete return and 54 organisations submitted complete returns by the deadline. Those returns have been evaluated.

2.8.12 Nine of the 54 bidding organisations who submitted a complete return, are current contracted suppliers.

Quality/Technical Evaluation

2.8.13 The Method Statements covered the following technical areas:

2.8.14 The specification and contract terms were amended during 2021 in preparation for a previous procurement round. A number of co-production meetings were held with representatives from social work teams, health colleagues and the co-production network. Feedback ensured that the following areas were incorporated into method statements which were evaluated during the procurement process:

- Meeting the needs of the individual
- Safety and safeguarding – including operating safely during covid.
- Quality assurance
- Approaches to staff recruitment, retention and training.
- Pricing and capacity building.
- Business Continuity Planning.
- Information systems and their use for monitoring service provision.
- Approach to partnership working with the Council and others.

2.8.15 On evaluation, bidders were required to score a minimum of 45 points out of a possible 65 for the generic Home Support Services Lot 1 Method Statement and 14 points out of a possible 20 for the COVID19 Response Service Lot 2 Method Statement. Failure to meet the thresholds resulted in no progression to an award of contract. Lot 2 bidders were required to meet the minimum threshold in both Lot 1 and Lot 2 scoring for the award of contract.

2.8.16 An evaluation panel comprising 3 officers from the Commissioning Team, and 1 from the Adult Social Care Social Work Operational Team, undertook independent scoring and a moderation meeting was held and facilitated by the Group Manager - Purchasing. Economic Standing Status assessments were undertaken by the Finance Team.

2.8.17 The whole procurement process was overseen by a member of staff from the corporate commercial team.

Outcome of Evaluation

2.9.17 Quality Method Statement Scores ranged from 25 to 51.8 across the 54 complete submissions.

2.9.18 A total of 14 bidders of the 54 scored at or above the minimum Quality threshold of 45 points.

2.9.19 Six of the bidders also passed the minimum quality threshold for delivery of the domiciliary care COVID19 response service.

2.9.20 The outcome of the tender evaluation is set out at Exempt Appendix 2.

2.9.21 A total of 14 providers were successful at tender.

2.9.22 Two current suppliers were successful.

2.9.23 Three current suppliers who were unsuccessful have existing contracts due to expire on 28th June 2024.

2.9.24 Four current suppliers who were unsuccessful have existing contracts with an initial term due to expire on 1st September 2024 and with a maximum of two 1 year extended periods to 01/09/2026 permissible under contract.

2.9.25 The contract terms and specification for Tranche 2, and 3 had extended specification terms for replacement care. For existing suppliers who did not bid or who were unsuccessful at tender arrangements will be put in place to enact contract extensions and contract variations to their existing contracts to allow them to continue to supply services from the expiry date of their contract, as follows:

2.9.26 Providers 7, 15, and 41 contract extension from 28th June 2024 to 30th November 2024 which are safeguarding contracts issued pursuant to council wellbeing, safeguarding, continuity of supply and individual person-centred approach duties under The Care Act 2014 and related Guidance.

2.9.27 Providers 32, A and B contract extension from 1st September 2024 to 30th November 2024 . which is within the timescales permitted within existing contract terms and compliant with Regulation 72(1)(a) PCR 2015.

2.9.28 This will allow for the council to comply with its legal duties regarding continuity of supply whilst reviews are undertaken and arrange alternative provision for the 236 service users in receipt of their care. This could include transferring to another provider, continuation of supply to those who wish to remain with their current provider, taking on a direct payment or the arrangement of an individual service fund. This does not prevent current providers from participating in new mini-competitions published through the DPS. Should the current providers succeed in subsequent mini-competitions then any existing service users at that time will be transferred to the new contracts.

2.9.29 Due to concerns around quality and contractual performance affecting some of the providers within the local market, it is envisaged that additional mini-competitions for the supply of domiciliary care will be issued through the DPS during the above periods of extension to ensure sufficiency of supply. Current providers unaffected by these issues will be invited to participate. This will be performed through the delegated authority to staff under the normal arrangements for the operation of the DPS.

2.10 Implementation project

2.10.1 The implementation project will be led by the Group Manager Purchasing. A project team will be established from within the Market Management Team to implement the required transitions and undertake mobilisation of new contracts with providers. The team will also liaise with the operational social work service for service reviews of existing service users and manage the implementation of alternative arrangements, as appropriate. The actions and target timescales are set out in the table below.

2.10.2 Table setting out the Implementation and Mobilisation Plan

Action	Target Completion Date
Agree with HBPLaw contact and turnaround times for contracts and contract extension execution	16/05/2024
Identify extensions required to current providers who did not bid or were unsuccessful at Tranche 3 to allow continuity of supply to existing service users, as appropriate	16/05/2024
Prepare Intent to Award letters and send to successful providers	28/06/2024
Send list of successful bidders to HBPLaw for execution of contracts	28/06/2024
Send list of contract extensions to HBPLaw for execution of contracts	28/06/2024
Undertake site visits to providers and develop 3 month mobilisation plans	31/07/2024
Implement mobilisation plans	30/10/2024
Monitor mobilisation implementation	Ongoing to end of mobilisation period
Review service users and initiate appropriate alternative arrangements, as appropriate	30/11/2024

3. Implications of the Recommendation

3.1 Financial implications

3.1.1 The majority of suppliers (79%) have tendered prices above the current weighted average of supply with only 3 suppliers submitting prices within the current supply range. See Exempt Appendix 2.

3.1.2 Whilst this report focusses on the appointment of providers it is important to set out the financial context in which the procurement was undertaken. Pressure on this budget increased dramatically through 2023/24 and whilst provision for growth was provided for when setting the 2024/25 budget this pressure has been sustained and will need to be reviewed as part of the revenue monitoring for 2024/25 and into the Medium-Term Financial Strategy. The table sets out the financial position for 2023/24 and the 2024/25 Budget

	Budget 2023/24 £m	Actual 2023/24 £m	Budget 2024/25 £m
Expenditure	5.476	12.622	10.006
Income	-0.909	-1.630	-1.264
Net	4.567	10.992	8.742

Any increased cost from this tendering exercise will have an adverse impact on the above forecast for 2024/25. The Period 2 monitor will establish a forecast for 2024/25 alongside any actions that can be taken to mitigate pressures and maximise income.

3.1.3 Discretionary inflationary fee uplifts of 2.9% for providers have been automatically applied for 2024/25. We recognise the extraordinary pressure the whole sector has faced over the last few years. However, the Council is faced with a difficult financial position and has set its budget for 2024/25 on the basis of what it can afford to spend and will continue to work closely with providers across the sector to find solutions to overcome these challenges.

3.1.4 We have established a mechanism for providers to request a review of their fees and it is anticipated that there may be some provider organisations who will request a review. The estimated impact of increasing all providers by a further 1.0% would equate to an additional annual financial pressure in the region of £0.13m, which would also increase the weighted average fee paid during 2024/25 compared with 2023/24.

3.1.5 Increased costs in part will be mitigated through increased revenue budget for supplier inflationary uplifts, government and BCF funding streams such as Market Sustainability Improvement Funding (MSIF), ASC Hospital Discharge Funding and ICB Discharge Grants. However, with the exception of supplier inflationary uplifts, these increased revenue budgets are not reflected within the Adult Social Care expenditure budget 2024/25, although they are already reflected in the overall Slough Borough Council funding model for 2024/25, therefore, do not provide any mitigation across Slough Borough Council as a whole.

3.1.6 The increased pricing tendered will be mitigated by utilising existing contractual arrangements with lower pricing until the expiry of contracts and the method of allocation of work to suppliers.

3.1.7 The successful providers in this tranche of procurement will be added to the current contracted provider lists from previous tranches of procurement and work will be allocated on the basis of the lowest price provider with availability of staff and who are able to meet the needs of service users.

3.1.8 Providers were asked to provide discount pricing on a cost for volume basis and this information will be used to inform the profile of purchasing to secure best value.

3.1.9 The cost of supply is also being addressed within the Adult Social Care Transformation Project concerning the development of the domiciliary care market to reduce costs. This will be achieved through working with the providers to improve the capacity of lower cost providers and utilising cost for volume discounted pricing.

3.1.10 Contracting arrangements do not guarantee that all providers will be successful in securing business, as it is dependent on the relative competitiveness of pricing.

3.1.11 It is important that prices paid allow for quality services to be provided within a vibrant, and sustainable market and that provide for Best Value.

3.2 *Legal implications*

In relation to Recommendation 1:

3.2.1 The Care Act 2014 requires the local authority to meet identified eligible needs as assessed under s9 of the Care Act, and to meet that need with appropriate provision. Where this is identified as domiciliary care, then there is a duty placed upon the Council to make that provision.

3.2.2 The Care Act statutory guidance states that 'high quality, personalised Care and Support can only be achieved where there is a vibrant, responsive market of services available'.

3.2.3 Under section 5 of the Care Act, the local authority has a duty to shape and maintain an efficient and effective market of services for meeting care and support needs in the local area.

3.2.4 The duty applies in relation to services that the Local Authority commissions directly, but also to other non-commissioned services in its area (including those used by self-funders), universal services and services provided by partners (such as health or charitable services) that together create the marketplace.

3.2.5 The market that is shaped should ensure that any person requiring Care and Support/Support services:

1. Has a variety of providers supplying a variety of services to choose from;
2. Has a variety of high quality services to choose from; and
3. Has sufficient information to make an informed decision about how to meet the needs in question.

3.2.6 In order to fulfil its duty to promote diversity and quality in service provision the Local Authority must ensure it has effective strategies to shape the marketplace and commission the right services.

3.2.7 Use of a properly established Dynamic Purchasing System (DPS) to procure Domiciliary Care Contracts is a compliant procurement approach in accordance with both the Council's Contract Procedure Rules and the Public Contracts Regulations 2015.

3.2.8 The DPS must be operated as a completely electronic process and must be open, throughout the period of validity of the DPS, to any economic operator that satisfies the selection criteria

3.2.9 To procure under a DPS, the council must follow the rules of the restricted procedure, which means that any economic operator can submit a request to participate in response to the call for competition by providing the information for qualitative selection requested by the council. The minimum time limit for receipt of requests to participate, where a prior information notice (PIN) is used as a means of calling for competition, is 30 days from the date on which the PIN is sent to the UK e-notification service - *Find a Tender*.

3.2.10 The council must offer unrestricted and full direct access free of charge to the procurement documents, by means of the internet, on an ongoing basis from the date on which the PIN is sent. This requirement can be satisfied by providing a link

to a procurement portal (such as Intend SE Portal) where potential candidates can access the documents.

3.2.11 The council must finalise their evaluation of requests to participate in the DPS, in accordance with the applicable selection criteria, within ten working days following their receipt, and must simultaneously and in writing invite the economic operators which have expressed their interest to confirm their continuing interest, and invite the selected candidates to submit their tenders.

3.2.12 The minimum time limit for receipt of tenders must be at least ten days from the date on which the invitation to tender is sent. However, the council may set the time limit for the receipt of tenders by mutual agreement between the council and all selected candidates, provided that all selected candidates have the same time to prepare and submit their tenders.

3.2.13 Where the council awards a contract under a DPS, there is no compulsory standstill period.

3.2.14 The council must either send a contract award notice within 30 days after the award of each contract based on the DPS or group such notices on a quarterly basis and send the grouped notices within 30 days of the end of each quarter.

3.2.15 HB Public Law can advise as required on the DPS procedural requirements and contract awards and conclusion.

3.2.16 Legal advice was sought in order to provide the existing suppliers who did not bid within Tranche 1 to issue new contracts with a contract extension or new term of contract to allow them to continue to provide services to their current clients until alternative appropriate arrangements had been put in place. It is intended to use the same process for this Tranche 3 processes to ensure stabilisation of the market and continuity of service for service users.

3.2.17 In accordance with regulation 59 of the PCR 2015, these suppliers have “self-certified” their compliance with the selection requirements and confirmed that none of the grounds for exclusion apply, to retain admittance to the DPS. They have confirmed that already submitted documents are still applicable or have provided new documents as preceding ones have expired, or circumstances have changed.

In relation to Recommendation 2:

3.2.18 Current suppliers whose contracts are due to expire will require contract extension and contract variation to ensure continuity of supply to existing service users on their existing supply terms. This will allow them to continue to supply services to existing service users but not to accept any new referrals until alternative arrangements are in place. For those contracts that permit an extension as part of the originally tendered contract may be extended in accordance with Regulation 72(1)(a) of the PCRs 2015.

3.2.19 However for those contracts that do not have an extension clause as part of the originally tendered contract the Council may rely on Regulation 72 (1) (e) of the PCRs 2015. PCRs 2015 sets out instances where the modification of a contract does not trigger a new procurement activity. The Council may in this instance rely on Regulation 72 (1) (e) of PCR 2015 to extend the term of the contract because the modification, irrespective of its value, is not substantial. The modification must not change the substance of the services to be delivered or extend its scope or change the economic balance of the contract in

favour of the contractor in a manner which was not provided for in the initial contract or indeed falls under any of the provisions set out in Regulation 72 (1) (8).

3.2.20 The Council must take note that despite Regulation 72(1)(e) every modification of contract carries a potential risk of challenge. To mitigate the risk in this particular case, it is imperative that the Council maintains a clear audit trail of the justification for the extension and the decision-making process and has in place a robust timetable for the procurement of replacement services to ensure that a new contract is awarded before the end of the extension period.

In relation to Recommendation 3:

3.2.21 In relation to the delegation to relating to the delegation to the Executive Director for People (Adults) in consultation with the Lead Member for Social Care, this is permissible under section 9E of the Local Government Act 2000.

3.3 Risk management implications

3.3 The recommended option decision will ensure the sufficiency of supply when the existing contracts terminate on 28th June 2024. The table below sets out the risks associated with the proposed course of action and the mitigating actions.

Risk	Assessment of Risk	Mitigation	Residual Risk
Mobilisation will not take place on time.	Medium	Use other current suppliers for supply. Transfer existing service users with expiring contractors to current suppliers or offer Direct Payment, Managed Accounts or Individual Service Fund Accounts to remain with their current provider. Extend the contracts with outgoing suppliers for a period of 6 months from the contract expiry date to allow demobilisation over a longer period of time.	Low
Quality of new providers will not be satisfactory.	Low	Scoring of quality at Tender evaluation required a minimum threshold of 45.5 out of a possible 65 points.	Low

Care staff will not be adequately paid as providers seek to offer competitive prices.	Medium	Tenderers were requested to submit a breakdown of their fee rates including staff wage costs and explain how their pricing ensures sustainability.	Low
Service users may be required to have a change of care worker.	Medium	TUP(E) will apply in most circumstances for the transfer of care packages between agencies. However, a Direct Payment, Managed Accounts or Individual Service Fund Accounts to remain with their current provider.	Medium/Low
Risk of challenge to the procurement process	Low	In accordance with regulation 59 of the PCR 2015, these suppliers have “self-certified” their compliance with the selection requirements, and confirmed that none of the grounds for exclusion apply, to retain admittance to the DPS. They have confirmed that already submitted documents are still applicable or have provided new documents as preceding ones have expired, or circumstances have changed.	Low

3.4 Environmental implications

3.4.1 During the procurement process suppliers were requested to provide a copy of their environmental impact assessment and impact management measures.

3.4.2 The table below provides examples of environmental impact measures that affect home care services

Environmental Impact	Management Measures
Carbon emissions from staff travelling to work and between service user households.	Staff recruitment centred on local residents thus reducing travel to work carbon emission footprint. Promotion or provision of bicycles for staff travel. Promotion of walking routes for rosters. Promotion of car sharing. Promotion of electric powered cars.

Hazardous Waste management	Promotion and support of service user recycling of household waste packaging. Infection control policies and procedures. Staff trained in infection control and incontinence waste storage and disposal. Use of incontinence waste removal service.
Office and equipment waste management	Use of confidential paper shredding and recycling service. Use of recycled ink cartridges for printers. Recycle electronic equipment with ethical supplier. Reduce paper usage by using electronic alternative methods for communication e.g. electronic rostering and care delivery records.

3.5 Equality implications

3.5.1 In March 2022 an Initial Equalities Impact Assessment was provided see Appendix 1. This informed the contract specification and Method Statement Quality/Technical questions to be answered at the Stage 2 Mini-competition. At the time of writing this report, a review of the EIA is due to take place during May 2024.

3.5.2 Engagement with the Co-production network has been undertaken and as identified in paragraph 1.6 above further engagement with providers was required regarding carer to service user matching, recruitment and retention, meeting language and cultural needs of Slough's diverse community, and improved recruitment and speed of access to a person who speaks the same language as the service user.

3.5.3 Bidders were required to set out how they will recruit and retain staff to meet the needs of Slough's diverse community in their submitted proposals. Proposals were scored taking into account the requirements and equality implications.

3.5.4 Some suppliers are now licenced to recruit people from overseas which may assist in the recruitment of staff with specific language and cultural knowledge.

3.5.5 Engagement with our current suppliers has resulted in increased availability for Punjabi speakers and male carers.

3.5.6 The supply will be monitored throughout the lifetime of the contracts and any shortfalls addressed through engagement with our suppliers. The contracts call for suppliers to work in partnership with the council to improve the quality of supply throughout the duration of the contract.

3.5.7 Specific workshops, and forums will be held to engage with providers and the coproduction network throughout the lifetime of the contracts to improve the quality of person-centred care.

3.6 Corporate Parenting Implications

3.6.1 Not applicable. This re-procurement relates to Adult Social Care services only.

3.7 *Procurement implications*

3.7.1 Not applicable to this report.

3.8 *Workforce implications*

3.8.1 There are no proposed changes to staffing levels as a result of implementation of the award of contracts to external suppliers.

3.9 *Property implications*

3.9.1 There are no property implications arising from this report.

4. Background Papers

Appendix 1 - Equality Impact Assessment

Directorate: People (Adults)	
Service: Commissioning	
Name of Officer/s completing assessment: Karen Hoddesdon	
Date of Assessment: March 2022 Review May 2024	
Name of service/function or policy being assessed:	
1	<p>What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing?</p> <p>The provision of Home care (HC) is a statutory requirement of the Council under the Care Act 2014. HBC involves a range of health and social support services for user groups and includes personal care (such as support with getting up, getting washed, eating and drinking), non-personal care (such as support with shopping, household cleaning and laundry) and specific healthcare activities such as end of life care. HBC support services contribute to enabling individuals to continue to live independently in their own homes. This Equality Impact Assessment (EIA) will primarily assess possible effects on residents with protected characteristics Additionally this EIA is to assess the possible effects of recommissioning the Home care (HC) service for all users and carers who either receive support directly or indirectly. The recommissioning will not see an interruption in service. There may be some changes in providers on the contract, with new providers joining and some existing providers leaving the agreement. Users who require a home care service will not have their services affected although there may be some changes of provision if a provider on the current contract.</p>
2	<p>Who implements or delivers the policy, service or function? State if this is undertaken by more than one team, service, and department including any external partners.</p> <p>The Home Care service is managed by the Adult Social Care via, commissioning, social workers providers and NHS.</p>
3	<p>Who will be affected by this proposal? For example, who are the external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all of the Protected Characteristics listed (more information is available in the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic.</p> <p>There are 10 protected characteristics to consider in the proposal These are:</p> <ol style="list-style-type: none"> 1. Age including younger and older people 2. Disability 3. Gender reassignment 4. Pregnancy and maternity - No Impact 5. Race including ethnic or national origins, colour or nationality 6. Religion or belief including lack of belief 7. Sex 8. Sexual orientation 9. Marriage/civil partnerships No Impact 10. Carers protected by association <p>Though not included in the Equality Act 2010, Slough Borough Council recognises that socio-economic disadvantage is a significant contributor to inequality across the County and therefore regards this as an additional factor</p>

4	<p>What are any likely positive impacts for the group/s identified in (3) above? You may wish to refer to the Equalities Duties detailed in the background information.</p> <p>Home care allows clients to stay in the home environment longer, allowing participation in the community and a better quality of life. Home care also delays or negates the need for more expensive and sometimes less satisfactory residential care.</p> <p>Active market shaping in Slough means there are suppliers who have experience specific to the demographic of the brough. E.g. Culture and language, complex care needs, a specialist rapid response service is also available.</p>
5	<p>What are the likely negative impacts for the group/s identified in (3) above? If so, then are any particular groups affected more than others and why?</p> <p>Slough's cultural diversity brings its own challenges, care is planned to make sure that diversity is maintained with a supplier should the contract mean a change in supplier.</p>
6	<p>Have the impacts identified in (4) and (5) above been assessed using up to date and reliable evidence and data? Please state evidence sources and conclusions drawn (e.g. survey results, customer complaints, monitoring data etc).</p> <p>In progress. However, previous work has been taken into account.</p>
7	<p>Have you engaged or consulted with any identified groups or individuals if necessary and what were the results, e.g. have the staff forums/unions/ community groups been involved?</p> <p>In progress, forums and workshops are planned before the specification is drafted.</p>
8	<p>Have you considered the impact the policy might have on local community relations?</p> <p>In progress, forums and workshops are planned before the specification is drafted.</p>
9	<p>What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example, what plans, if any, will be put in place to reduce the impact?</p> <p>Forums and workshops will identify impacts and work to design mitigation for same.</p>
1	<p>What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below.</p> <p>KPIs developed in partnership with community groups will be actively managed through contract management.</p>

What course of action does this EIA suggest you take? More than one of the following may apply	✓
Outcome 1: No major change required. The EIA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken	✓
Outcome 2: Adjust the policy to remove barriers identified by the EIA or better promote equality. Are you satisfied that the proposed adjustments will remove the barriers identified? (Complete action plan).	
Outcome 3: Continue the policy despite potential for adverse impact or missed opportunities to promote equality identified. You will need to ensure that the EIA clearly sets out the justifications for continuing with it. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact (see questions below). (Complete action plan).	
Outcome 4: Stop and rethink the policy when the EIA shows actual or potential unlawful discrimination. (Complete action plan).	

Action Plan and Timetable for Implementation

At this stage a timetabled Action Plan should be developed to address any concerns/issues related to equality in the existing or proposed policy/service or function. This plan will need to be integrated into the appropriate Service/Business Plan.

Action	Target Groups	Lead Responsibility	Outcomes/Success Criteria	Monitoring & Evaluation	Target Date	Progress to Date
Initial consultation	User group	KH	Changes and challenges are mutually agreed and included in the specification.	Report following the workshop	March 2022	Completed
Market shaping	Suppliers	KH	Changes and challenges are mutually agreed and included in the specification.	Report following the workshop	March 2022	Completed

<p>Name: Signed: Karen Hoddesdon.....(Person completing the EIA)</p> <p>Name: Signed:(Policy Lead if not same as above)</p> <p>Date: March 2022</p>
