

	<p style="text-align: center;">Executive 13th February 2006</p> <p style="text-align: center;">Report from the Director of Children and Families</p>
For Action	Wards Affected: ALL
<p style="text-align: center;">Authority to tender for Respite Care at Home Services for Disabled Children and Young People</p>	

Forward Plan Ref: C&F05/06-033

1.0 Summary

- 1.1 This report seeks the authority to invite tenders for contracts for the provision of care at home services for disabled children and young people, as required by Contract Standing Orders 88 and 89.

2.0 Recommendations

- 2.1 The Executive to give approval to the pre-tender considerations and the criteria to be used to evaluate tenders as set out in paragraph 3.7 of the report.
- 2.2 The Executive to give approval to officers to invite tenders and evaluate them in accordance with the approved evaluation criteria referred to in 2.1 above.

3.0 Detail

- 3.1 The **Council** has a duty under Section 17, Children Act 1989 to assess the needs of disabled children as 'children in need' and to provide a range of services which promote the upbringing of such children within their family, minimise the effect on disabled children of their disabilities and give disabled children the opportunity to lead lives which are as normal as possible.

'Care at home' is one of a range of services which can therefore be provided to disabled children and their families under these duties.

- 3.2 Schedule 2 paragraph 8, Children Act 1989 enables the **Council** to make 'home help' services available to families of children in need. The Chronically Sick & Disabled Persons Act 1970 also requires the local authority to provide 'practical assistance' within the home where it is satisfied that it is necessary to do so to meet the needs of a disabled person.
- 3.3 The **Council** also has a duty to assess the ability of carers to continue to provide care to family members. Under Section 6 Carers and Disabled Children Act 2000 and Carers (Recognition and Services) Act 1995, if a person with parental responsibility for a disabled child provides a substantial amount of care on a regular basis for the child; and asks a local authority to carry out an assessment of his ability to provide care for the child, the local authority must carry out such an assessment under the respective Acts.
- 3.4 The Disabled Children and Young Person's team has been responsible for commissioning 'care at home' services for disabled children in Brent since the inception of the Children Act 1989. The demand for 'care at home' services has increased year on year and is expected to continue to increase. This is due to several factors. There has been a demographic increase in Brent and across the country in the number of disabled children with either learning or physical disabilities or combined disabilities. More children with complex health care needs are surviving longer and their parents require additional support in the home to meet these needs. This has led to increased expenditure on care at home by the Service on an annual basis. However, care at home provides flexible, cost effective support to parents which enables children to remain in their parents' care and remain socially included as part of the community in Brent. There are a number of children in Brent with high dependency needs who would have been placed in residential or foster care if their parents were not able to receive extensive care at home packages.
- 3.5 Care at home therefore needs to be viewed as one part of a range of flexible, locally available family support services which promote positive outcomes for disabled children, and which helps to keep them safe, healthy and increases their opportunity to enjoy and achieve.
- 3.6 Previously, care at home services were commissioned on a spot purchasing basis from a number of locally based care agencies. The quality of these services was variable and monitoring of service provision was made more difficult by the number of agencies involved and the absence of service level agreements. A decision was therefore made in 2004 to enter into a contract with one care agency to provide care at home services to all disabled children as appropriate. Following a tender process, the contract was awarded to Personnel and Care Bank Agency ("the Agency") for 15 months, the duration being 4th January 2005 - 31st March 2006. Over a period of time, arrangements were made for the transfer of the existing care at home services from the other agencies involved to the Agency.
- 3.7 55 disabled children and young people up to the age of 19 now receive a total of 538 hours care at home each week. However, 7 parents of disabled children who received this service in January 2005 are now arranging their own care at home services through a Direct Payment provided by this authority. These families prefer to use personal assistants they have recruited

directly, rather than rely on agency care workers. 47 disabled children are provided with these services by Personnel and Care Bank. The other 8 children receive services from other agencies by request or to minimise disruption to the care service provided whilst a Direct Payments assessment is being completed.

3.8 The future provision of care at home services after March 2006 has been under consideration within Disabled Children Services for some time. A number of options have been evaluated. The main options are:

- i) For the service to return to a spot commissioning basis. This would allow flexibility for the service to be commissioned from one of the several agencies available to most suit the child's needs but would reintroduce the previous difficulties in the monitoring of quality standards. This option also does not enable unit cost savings to be made on hourly rates charged by the provider as the charge for each service would be negotiated on an individual spot basis. The unit charge would also be subject to 'open market' cost increases on an annual basis.
- ii) For the service to be opened to tender for a block contract to commission a set number of care at home hours annually. A block contract based on current provision would be for an estimated 25,000 hours 'care at home' per annum. A block contract may be more administratively efficient, but would not provide value for money as the block care hours would still need to be funded even if they have not been provided. Care hours often may not be provided because the child goes on holiday, may have hospital admissions or because changes in family circumstances reduce the original need for the care at home service.
- iii) For the service to be opened to tender for the Council to set up a call-off contract with the successful Service Provider for a period of 3 years with an option to renew for a further 2 year term. This would enable the Service Provider to 'grow' their services to fully meet the diverse needs of disabled children and their families. It would also enable unit cost savings to be made on hourly rates charged by the provider.

Option 3 is the option which has been identified as the most suitable and it is recommended that the Committee endorse this option.

However, in view of the time required for deliberations to achieve the most suitable option referred to above, it is now necessary for interim arrangements to be put in place between the Council and the Agency to cover the period between the end date of the current contract, 31st March 2006 and the anticipated commencement date of the new contract, 4th December 2006 by extension beyond the original term.

3.9 Access to the Service

To receive a care at home service, a child needs to meet the agreed eligibility criteria for the provision of this service. This criteria states that

“To enable disabled children to be given the priority they need, Brent Social Care Division has established a social work team dedicated to providing a comprehensive range of social work services to disabled children and their families.

Under the Children’s Act 1989, a child is disabled if

‘...he or she is blind, deaf or dumb or suffers from mental disorder of any kind, or is substantially and permanently handicapped by illness, illness or congenital deformity, or such other disability as may be prescribed.....’

In the 2003 Guidance for ‘Together from the Start’, a child shall also be considered to be disabled if he/she

- (i) is experiencing significant developmental impairment or delays, in one or more of the areas of cognitive development, sensory or physical development, communication development, social, behavioural or emotional development; or*
- (ii) has a condition which has a high probability of resulting in developmental delay*

A child can therefore be referred to the Disabled Children and Young Persons team for assessment and service provision if they meet the above definitions or have

- a moderate or severe learning disability*
- a permanent or substantial physical disability*
- a sensory impairment, or*
- a severe and chronic illness*
-

If this criteria is met, a social worker from the Disabled Children and Young Persons Social Work Team will carry out a ‘child in need’ assessment of the disabled child or young person under the provisions of the Children Act 1989. The purpose of this assessment is to establish what needs the child or young person has and what services need to be provided to ensure that the child maintains a reasonable standard of health, welfare and development. A package of care will be agreed by the Disabled Children Services Resource Panel based on this assessment of need which may include a care at home service. This service will then be commissioned, managed and monitored by the Respite Manager based at 24 Crawford Avenue (Council run home). In exceptional circumstances, the service may be commissioned directly by the Disabled Children and Young Persons Team.

Care at home services can be provided to meet two main needs

- **care at home** support provided by a personal care worker to assist the parent/carer in meeting the specific care tasks arising from the child's disability where it has been assessed that the parent/ carer cannot meet these tasks without support.
- **respite care at home** if it is assessed that it is not in the child's best interests to receive a short term break away from the family home due to age or disability or lack of suitable placements

The care worker can be asked to engage with the child to provide support in a number of different ways. This can be

- Personal care to meet assistance with bodily functions such as feeding, bathing and toileting and non-physical care, such as advice, encouragement and supervision relating to the above tasks.
- Developing independent life skills, including money management through shopping; travel awareness, food and hygiene by helping to prepare meals.
- Emotional and psychological support, including the promotion of social functioning and behaviour management.
- Care management of challenging behaviours, to include a more intensive care service to enable social integration for the child
- Intellectual support, including assisting the child to do their homework, following any learning plan devised by the school.
- Social support to assist the child to develop friendships by access to local youth clubs, social or local community events i.e. cinema, places of worship, and other places of interest to the child.
- Continuing care, to include a more intensive personal care service for children with higher technology dependency and health care needs.
- Palliative care, to include a more intensive domiciliary care service for children who have a short term prognosis.

Once a package of care at home has been agreed, the needs of the child and their parent /carers will be regularly reviewed to ensure that the package continues to meet their needs in the future.

Where the identified social care tasks for a disabled child are combined with meeting health care needs, 'care at home' services will be provided after an additional assessment of the child's continuing care needs under the Primary Care Trust 'Continuing Care' criteria. The PCT will use this criterion to determine the level of responsibility it has to jointly meet these needs and arrangements can be made to jointly commission and fund the required services.

3.10 **Quality Standards**

In April 2003 the regulation of domiciliary care providers came into force. Before this date the industry had not been subject to official regulatory requirements. The National Minimum Standards for Domiciliary Care has introduced new specific requirements, in particular for NVQ training and induction for all new staff and managers. In addition all staff are required to undertake an enhanced check carried out by the Criminal Records Bureau (CRB) prior to commencing work. All domiciliary care providers are now required to be registered under the Care Standards Act 2000 and to be inspected by the National Care Standards Commission to ensure they are meeting the minimum standards for domiciliary care.

3.11 **Consultation**

Consultation has taken place with existing parents/carers as part of the re-tendering process. This will inform the exact specification for the new service. A questionnaire was sent out to all parents/carers using the current services in December 2005. Of the 60 questionnaires sent out, 10 were returned.

Parents/carers were also invited to a consultation meeting on January 11th 2006. Unfortunately this meeting was very poorly attended. The feedback received has been analysed to identify key themes in parents' satisfaction level with current services and can be used as a benchmark for future surveys. These were

70% of parents were always or usually satisfied with the service.

70% of parents felt that the carers always or usually understood their child's needs.

73% of parents had complained about the service and 43% of these complaints had been resolved. This is of particular concern but may relate to historical issues prior to awarding the Agency.

70% of carers were always or usually polite

50% of parents were informed if their carer was going to be late

30% of parents were always provided with the same care worker, with another 60% being usually provided with the same carer

90% of parents were always or usually informed if their carer was unable to visit. Only 30% were always offered an alternative carer.

This feedback will be shared with the Agency as part of their own monitoring of service quality.

3.12 **Contract Issues**

Meetings have been held with the Deputy Head of Procurement of Brent Finance and Corporate Resources regarding the tendering of these contracts.

The Executive is asked to approve the packaging of the contract with one Service Provider with no minimum guaranteed level of purchasing. Officers envisage that most of the existing care packages will be transferred to the Successful Service Provider at the start of the contract.

The contract will require the Provider to deliver a service which is culturally sensitive, meets any appropriate gender requests of parents/carers and ensures that staff with appropriate levels of skill and expertise are maintained to fulfil these.

One of the consistent factors of high performance has been identified throughout the monitoring of the current Service Provider is that of continuity of care worker, whereby the same care worker(s) regularly attend the same child/young person. Obviously the potential changeover between service providers is an anxious time for parents/carers and their children/young people because the continuity of care worker is not guaranteed. It is for this reason that Officers have recommended that the contract should be set up for an initial 3 year duration with an option to extend for a further 2 year term, subject to satisfactory performance.

3.13 **Monitoring.**

Currently there is one Manager who manages the contract with the Agency with the assistance of the Contract Compliance Officer from Housing and Community Care. Monitoring of the service delivery is undertaken against a service specification and any service failures and complaints are investigated.

Officers have regular contact with the current service providers and hold regular monthly contract meetings. Officers will also undertake an annual site visit where service provider's records, premises, etc are checked thoroughly.

The National Commission for Social Care Inspection will also be inspecting the service provider. It is envisaged that the contract will be more service user centred, involving greater user involvement and feedback and can be more focussed on service quality within the resources available. Annual service user satisfaction surveys will continue to be carried out.

3.14 **Pre-Tender Considerations**

In accordance with Contract Standing Orders 89 and 90, pre-tender considerations have been set out below for the approval of the Executive.

Ref.	Requirement	Response
(i)	The nature of the service.	Provision of care at home services for disabled children and young people.
(ii)	The future estimated value of the contract	£1,805,000 over 5 years
(iii)	The contract term.	3 years with an option to extend for a further 2 years
(iv)	The tender procedure to be adopted.	A two stage process in accordance with the Council's Standing Orders. As Children & Families transactions are 'Part

		B Services' for the purposes of the EU Regulations, are of residual application only (except for the obligation to publish a contract award notice) and do not dictate the procurement process to be followed.	
(v)	The procurement timetable	<p>Indicative dates are:</p> <ul style="list-style-type: none"> • Adverts placed • Expressions of interest returned • Shortlist drawn up in accordance with pre-determined minimum standards as to financial standing and technical competence • Invitation to tender issued • Deadline for tender submissions • Panel evaluation and shortlist for site visit • Site visits • Interviews/ Presentations • Allocation of Service Provider • Report recommending Contract award circulated internally for comment • Executive approval • Contract start date 	<p>22 Feb 06</p> <p>17 March 06</p> <p>11 April 06</p> <p>13 April 06</p> <p>22 May 06</p> <p>27 June 06</p> <p>29 June - 24 July 06</p> <p>25 July 06</p> <p>3 Aug 06</p> <p>Aug/Sept 06</p> <p>Oct 06</p> <p>4 December 06</p>
(vi)	The evaluation criteria and process	Shortlists are to be drawn up in accordance with the Council's Contract Management Guidelines namely the pre qualification questionnaire (PQQ) and thereby meeting the Council's financial standing requirements, technical capacity and	

		<p>technical expertise. The PQQ will also contain social care scenarios which require detailed responses from applicants to demonstrate technical expertise, good practice and experience.</p> <p>The tenders will be evaluated on the basis of the tender that is the most economically advantageous to the Council. Evaluation criteria will include:</p> <ul style="list-style-type: none"> • Registration with the Commission for Social Care Inspection and satisfactorily meeting the National Minimum Standards. • Staff recruitment, induction, training, supervision and equalities issues • Application of Health and Safety • Administration practices and record keeping • Adherence to procedures • Service user satisfaction • Quality system in operation • Business continuity arrangements • Complaints handling • Best value considerations • Implementation plan • Care programming process • Human Resources including the ability to facilitate continuity of care, availability and extent of staff skills, particularly for specialist care • Diversity of staff • Proposals for innovation in service delivery • Cultural sensitivity and equalities in service delivery.
(vii)	Any business risks associated with entering the contract	No specific business risks are considered to be associated with agreeing the recommendations in this report.
(viii)	The Council's Best Value duties	This procurement process and on-going contractual requirement will ensure that the Council's Best Value obligations are met.

Comment:

Comment:

Comment:

Comment:

(ix)	Any staffing implications	See section 5 below
(x)	The relevant financial, legal and other considerations	See section 4, 6 & 7 below

The Executive is asked to approve to these proposals as set out in the recommendations and in accordance with Standing Order 89.

4. Financial Implications

4.1 The Council's Contract Standing Orders state that contracts for supplies and services exceeding £500k or works contracts exceeding £1m shall be referred to the Executive for approval to invite tenders and in respect of other matters identified in Standing Order 90.

4.2 The current estimated value of the contract is £361,000 per annum, equivalent to £1,083,000 over the initial 3 year period. Should the contract be extended for a further 2 years the total value will be £1,805,000. The cost of this service over the full term of the contract will be met by an allocation of funds from the Children and Families 'care at home' base budget. The funding of the care at home budget is linked to the Carers Grant allocation to the Council from which Children and Families have received an allocation of £254,000 for 2006/2007 and provisionally £247,000 for 2007/2008.

To ensure that demand for this service is managed within the existing budget allocation, all new and existing care at home commitments will continue to be reviewed by the Integrated Services Resource Panel. The Panel meets on a fortnightly basis and is chaired by the Head of Integrated Services and will identify any corrective action needed to ensure that the cost of this contract remains within budget.

4.3 There will be costs incurred in the contract process for professional advice, in particular legal. These will be funded from existing resources.

5. Staffing Implications

5.1 This service is currently provided by external providers and the tendering exercise will not raise any implications for Council staff.

6. Legal Implications

6.1 The Council has the necessary powers to enter into the proposed contracts under (amongst other provisions) of the Chronically Sick and Disabled Persons Act 1970, the Children Act 1989 and s2 of the Local Government Act 2000, all in conjunction with s111 of the Local Government Act 1972.

6.2 The estimated value of the contract over their lifetime is in excess of £500,000 therefore the procurement and award of the contacts are subject to the Council's Contract Standing Orders in respect of High Value contracts and Financial Regulations.

- 6.3 The service to be provided for under the Contract fall within Part B Services of the EU Procurement Regulations and is therefore not subject to the full application of said rules. The Council is however required to comply with overriding EU principles in terms of equality of treatment, fairness and transparency in undertaking the tender process.
- 6.4 Once the tendering process has been undertaken Officers will report back to the Executive in accordance with Contract Standing Orders to inform the Executive of the tender process undertaken and recommend contract award as appropriate.
- 6.5 Pursuant to Paragraph 2.4 Part 4 of the Constitution, the relevant Chief Officer has the delegated power to extend the current contract with Personnel and Care Bank Agency.

7. Diversity Implications

- 7.1 Contracts currently require providers of health, social care and housing support services to deliver services which are
- culturally sensitive by providing cultural awareness training for all care workers, matching specific language requirements where possible and recruiting a local workforce which reflects the communities of Brent;
 - able to offer parents/carers a male or female support worker if specifically requested
 - able to care for disabled children and young people through all staff receiving specialist training in specific areas such as management of challenging behaviour and assisting with intensive personal care for children with higher technology dependency and health care needs.
- 7.2 The contract will continue to require the provider to deliver the service in this way. The provider will be monitored to ensure they are complying with these requirements through checking of their records, regular review of services provided to individual service users where feedback will be sought from parents/carers, monthly monitoring meetings and provision of quarterly Performance Indicators.

BACKGROUND INFORMATION

Care at Home questionnaire - survey analysis
Specification used for current care at home contract
Procedure for provision of care at home services
Eligibility criteria for disabled children

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