



Cabinet
21 September 2015

**Report from the Strategic Director,
Adults**

For Action

Wards Affected:
ALL

**Authority to award a Care Provider Service Contract for a new Extra
Care Housing Facility in Brent**

Appendix 1 is “Not for Publication”

1.0 Summary

In accordance with Contract Standing Order 88, this report seeks Cabinet authority to award a social care and support services contract for a new Extra Care Housing (ECH) facility in Brent. The care services will be provided to people aged 50+ with care and support needs. The report provides further details on the facility and summarises the process undertaken in tendering this contract and, following the completion of the evaluation of the tenders, recommends to whom the contract should be awarded.

2.0 Recommendations

- 2.1 That Members award a contract to Metropolitan Housing Trust, for the provision of care and support services at the new ECH facility in Brent for an initial period of two (2) years with an option to extend the contract for a further two (2) successive one (1) year periods.

3.0 Background

New ECH at Brent - Park Royal

- 3.1 A new ECH facility at Park Royal is currently being developed by Asra Housing Group, with a completion date of December 2015. The facility will provide 99 units in total, consisting of 90 self-contained one-bedroom flats and 9 two-bedroom flats for people aged 50+ years with

care and support needs, who may otherwise require to be supported in a more restrictive care setting, a residential care home for example.

- 3.2 The new development creates an opportunity for the Council to ensure people receive care and support in a way that is flexible in meeting their needs, delivers better outcomes for people, improves their quality of life and give people greater choice and control over how their care is delivered, in their own home.
- 3.3 An ECH model of provision also affords the Council the opportunity to meet people's care and support needs in a much more cost effective way than through a residential care setting; within an ECH facility the council is only responsible for the cost of the individual's care and support needs as their accommodation costs are met by housing benefit as they have their own tenancy, whereas in a residential setting the council is responsible for meeting the accommodation costs also. This makes the residential model of care far more costly to the council as well as being a more restrictive environment. This ECH model therefore creates significant cost efficiencies for the council and benefits the service user.
- 3.4 The service model commissioned for this new ECH facility is a model of care that ensures peoples' needs can be met in a much more flexible way and ensures the provider can meet unplanned as well as planned care needs, which might otherwise only be able to be managed in a residential care setting.
- 3.5 This more flexible model is achieved through delivering 'CoreFlexi' hours of care and support. This means everybody is allocated an indicative number of hours of care per week to meet their 'planned' care and support needs. In addition, the 24 hour rota ensures a minimum of two staff are on duty at all times to support 'unplanned' or emergency care and support needs alongside the delivery of 'planned' care.
- 3.6 The daily flexible rota will be personalised to each person and a variable pattern of staffing will be used to effectively meet people's individual care and support needs. This will include personal care activities but will also seek to achieve small discrete units of time that are dedicated to individual interests and community engagement. Unused units of time can be 'banked' and retained for use on unplanned care and/or alternative service needs.
- 3.7 Increasing the use of Assistive technology (e.g. telecare) will be used to further streamline the service delivery.
- 3.8 The service will be available 24 hours a day, 365 days of the year. It will principally be delivered at the ECH facility but may be delivered in the community as dictated by the person's needs.

- 3.9 The Council has secured 100% nomination rights for all 99 units in the new facility. The key criteria, as set out in the agreed nominations agreement with Asra, stipulates that any prospective tenants will have substantial care and support needs of at least 14 hours per week, within the eligibility criteria set out in the Care Act 2014 and an identified social housing need.

4.0 Market Position Statement

- 4.1 The new contract will significantly contribute towards achieving the objectives set out in the Brent Market Position Statement (MPS) 2014 in reducing the council's reliance on residential care to meet peoples' needs and commissioning far more cost effective, flexible New Accommodation for Independent Living (NAIL). The 99 units of accommodation based care makes up approximately 20% of the units of accommodation required to deliver the NAIL targets.

5.0 The Care Act 2014

- 5.1 Commissioning this new service model will ensure the following legislative requirements of the Care Act 2014 are met:
- a) Local authorities are to ensure their social care system is based on the principles of prevention, early intervention and is focused on an individual's well-being and ability to maintain their independence.
 - b) Focus to be on an integrated, preventative and community based housing and support service placing an individual's well-being at the heart.
 - c) Put the suitability of living accommodation explicitly as part of the definition of well-being, which sets the tone for the whole Act.
 - d) Make reference to Housing explicitly as part the authorities' new duty to promote the integration of health and care.
 - e) Deliver care and support services through an understanding of reablement; believing that every person, no matter what age or disability, has the potential to develop or regain skills that allow them to be more independent and/or have access to a wider range of choices; to create an atmosphere of support and encouragement to try new things, practice lost skills, where staff supervise, support, and encourage, 'doing with' rather than 'doing for'.

6.0 The tender process

- 6.1 Having secured nomination rights to the new ECH, Officers commenced a procurement process for the provision of care and support services at the ECH. This was done through a mini competition using the West London Alliance (WLA) Homecare Framework ("the Framework") which was procured by the council and went live in October 2014.
- 6.2 In accordance with the Framework call off protocol, all 31 providers on

Lot 2 Extra Care, were sent the Invitation to Quote (ITQ) which included the Instructions, the Specification, the Evaluation Methodology and Bidder Questions.

- 6.3 The Instructions stated that the contract would be awarded to a single entity on the basis of the most economically advantageous offer to the Council whereby Cost had a weighting of 60% and Quality 40%.
- 6.4 In line with the Council's commitment to London Living Wage (LLW) and given care staff will be working in London, it was stipulated within the ITQ documentation, that all bids must be costed to include the provision of London Living Wage (LLW) for all staff under the contract.
- 6.5 6 bidders submitted an electronic quotation by the deadline of 05th August 2015.

Evaluation process

- 6.6 The Quality element of the evaluation was carried out by a panel of officers from ASC Commissioning and Contract Management. Following their individual scoring, all results were collated into a single panel score per bidder.
- 6.7 The Cost element was scored by the ASC Category Manager where the lowest cost received the maximum 60% score and the remainder a proportion of the percentage dependent on their difference to the lowest.
- 6.8 The panel, alongside the ASC Category Manager, met on the 11th August 2015 to appraise and agree the collated Quality score and review the final bidder rankings based on a combined Quality and Cost score.
- 6.9 The names of the bidders are contained in Appendix 1. The scores received by the bidders are included in Appendix 2. It will be noted that Bidder 2 was the highest scoring bidder. Officers therefore recommend the award of the contract to Bidder 2, namely Metropolitan Housing Trust.
- 6.10 The contract will commence in November 2015.

7.0 Financial Implications

- 7.1 The Council's Contract Standing Orders state that contracts for supplies and services exceeding £0.25m or works contracts exceeding £0.5m shall be referred to the Cabinet for approval of the award of the contract.
- 7.2 The value of this contract is at £5.72m over 4 years. The actual cost per year is dependent upon the number of hours of care provided to tenants up to the maximum contract value. The overall value of the

contract equates to an annual cost of £1.43m.

- 7.3 There is an estimated activity level of 108,000 hours of care being provided per year through this contract. Against an annual contract value of £1.43m this would lead to an approximate hourly rate of £13.25.
- 7.4 This hourly rate provides for care staff to be paid the London Living Wage (LLW) in 2015/16.
- 7.5 The cost of this contract will be met within the Adult Social Care budget. However, the commitment to LLW could pose additional costs over the life of the contract.
- 7.4 This budget is subject to the council's annual budget process and, with budget savings required, is likely to be reduced over the duration of this contract. This contract will be a priority commitment upon remaining budget resources within the division.
- 7.5 As set to in paragraph 3.2 and 3.3 this contract represents a more cost effective way of meeting peoples care needs compared to meeting these needs in a residential care setting, as accommodation costs are met through housing benefit and ASC are only responsible for meeting the cost of care. This new service will significantly contribute towards the savings target of reducing the use of and spend on residential care as part of the New Accommodation to Independent Living (NAIL) project.
- 7.6 There are no implications for the council's rent control or debt collecting processes. This will be the responsibility of the managing agent Asra Housing Group with the council having nomination rights for potential tenants.
- 7.7 The Adult Social Care budget is monitored as part of the Councils ongoing budget monitoring process. This contract will form part of that monitoring process on its commencement.

8.0 Legal Implications

- 8.1 As detailed in paragraph 6.1, the procurement of the preferred bidder, Metropolitan Housing Trust, was by way of a mini competition under the West London Alliance (WLA) Homecare Framework. Brent Council led on the procurement of the Framework and it was procured in accordance with EU legislation. The Framework commenced in October 2014 and is of 4 year duration. Lot 2 of the Framework was set up to procure Extra Care and this was the Lot that was used to procure the proposed contract in accordance with Framework call off procedures. The proposed call-off is within the term of the Framework with only one year of the proposed contract going beyond the Framework term. Procurement of the proposed contract from the Framework is thus considered legally permissible.

- 8.2 The value of the proposed contract over its lifetime as mentioned in paragraph 7.2 above is in excess of £250,000. The award is therefore subject to the Council's own Contract Standing Orders ("CSO") and Financial Regulations in respect of High Value Contracts for services. As such Cabinet approval to award the contract to Metropolitan Housing Trust is required.
- 8.4 As detailed in paragraph 5.0 above, the contract will assist the council to comply with the requirements of the Care Act 2014 and associated statutory guidance (in respect of adult safeguarding work and the duties which are placed on local authorities' social services and housing in providing housing, social care and support to vulnerable older people).

9.0 Diversity Implications

- 9.1 The proposed contract will require the provider to deliver services which are:
- culturally sensitive by providing cultural awareness training for all staff, matching specific language requirements where possible, and;
 - able to provide training for all staff in areas that will raise awareness of issues faced by vulnerable people from different ethnic groups.
- 9.2 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 service users, monthly monitoring meetings and provision of quarterly performance information to the Council.
- 9.3 In view of the fact that this procurement represents a change to the model of service delivery it is necessary for the Cabinet, as decision-making body, to consider the equalities implications which are contained within the Equalities Impact Assessment in Appendix 3. In summary the scheme will allow for a wide variety of activities, encouraging people of all backgrounds to mix with one another, and ensuring that different cultural and religious groups are able to undertake activities that appeal to them.

10.0 Staffing/Accommodation Implications

- 10.1 This is a new service to be provided by an external provider and there are no implications for Council staff arising from the award of the contract.

11.0 Public Services (Social Value) Act 2012

- 11.1 The Council is under duty pursuant to the Public Services (Social Value) Act 2012 (the “Act”) to consider how the services being procured might improve the economic, social and environmental well-being of its area; how, in conducting the procurement process, the council might act with a view to securing that improvement; and whether the council should undertake consultation.
- 11.2 The services being procured have as their primary aim improving the social and economic well being of some of the most vulnerable groups in Brent. They are specialist services with only a limited number of organisations who can meet the Council’s requirements. Nevertheless, Officers endeavoured to ensure the requirements of the Act were implemented as part of the procurement process, including requiring bidders to submit pricing including the London Living Wage.

12 Background Papers

- 12.1 N/A

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APPENDIX 2

SOCIAL CARE AND SUPPORT SERVICES IN EXTRA CARE HOUSING

TENDER EVALUATION GRID

PART 2A – QUALITY QUESTIONS AND PANEL SCORES

Bidder Quality Questions	WEIGHT	BIDDER REF					
		2	1	6	5	3	4
1. Please describe your experience of delivering care and support in extra care schemes, supported living or similar. [please illustrate both your practical expertise and philosophy of service delivery]	10.0%	9%	6%	3%	3%	5%	6%
2. The specification describes the Council's desire to provide a responsive, flexible service that fully utilises the advantages of an on-site care team. How will you organise your service to ensure cost-effective provision? [this may include information on recruiting to the 24-hour core rota & daily flexible rota; 'person in charge' arrangements across 24-hours; use of assistive technology; management support]	10.0%	8%	5%	3%	3%	5%	6%
3. Please describe your experience of mobilizing a new service that demonstrates how you will be able to successfully settle 99 older households into their new homes in under 14 weeks. [additionally, a project plan may be attached]	10.0%	9%	5%	3%	3%	5%	5%
4. New tenants will come with a range of physical, cognitive and sensory care/support needs, with some returning to the community from residential or nursing care homes. A key task will be working with tenants to expand their range of social opportunities that go beyond the scheme, reaching into the local community. Please describe how you will achieve this,	10.0%	6%	5%	3%	3%	6%	6%

giving two examples.[may include use of social history, interests, likes & dislikes; use of technology to engage with people; how a long-term goal is broken down into achievable steps]							
5. Care and Support Plans should be focused on the outcomes that each tenant wants to achieve. Please describe a) your experience in developing and working to outcome-focused plans and b) give three examples of how this has made a clear difference to your customers. [anonymised care plans may be attached]	20.0%	14%	13%	8%	4%	9%	10%
6. The specification describes the use of 'banked hours' to support the intention of a flexible, person-centred service. Please describe how you will a) keep accurate records that allow easy management of these banked hours across the scheme and b) report on how the hours have been used to achieve the outcomes of individual tenants.	10.0%	8%	7%	2%	2%	5%	7%
7. As outlined in the supplementary service specification establishing a safe, harmonious and inclusive community at the Brent Park Royal Extra Care Scheme will be central to its success. Establishing such a community will at times require the provider to negotiate complex social situations. To illustrate your capacity to do so please outline how you would address the two scenarios below; a. Ms. Smith has a long history of alcohol misuse, in excess of 20 years, historically having resulting in her loss of employment, family and home. Ms Smith has lived in a residential care home for 10 years, from where she rarely ventured out of and ceasing to consume alcohol over the last eight years of her stay	10.0%	8%	4%	3%	3%	4%	4%

there. 2 months ago she moved into the Brent Park Royal Extra Care Scheme. Shortly after she started to go out and subsequently started to regularly return home intoxicated, in some cases needing the police to escort her home. One day at midday staff discover Ms. Smith has been away from her home overnight and has not returned. Explain how you would resolve this scenario, what are the risks etc. b. Staff observe a young lady struggling to exit the building during the early hours of the morning. Staff attempt to engage with the young lady however she refuses to engage with them and is very loud and highly abusive to them until they assist her to exit the premises. From their observations Staff suspect that the lady is delivering paid sexual services to residents. Explain how you would resolve this scenario, what are the risks etc.							
8. The Care Provider will need to establish and maintain close working partnerships with a range of partners, particularly the landlord (Housing Provider) to ensure good outcomes for tenants and the service. Please provide three brief case examples where established protocols/procedures have assisted in establishing such partnerships and, where they arise, the resolution of conflicts, illustrating your organisation's leadership/partnership role in achieving this. [please include examples that cover service-level issues and individual tenant/user issues]	20.0%	14%	8%	5%	7%	8%	8%
Total	100%	75%	53%	28%	28%	46%	51%
Weighted quality score	40%	30%	21%	11%	11%	19%	20%

PART 2B – QUALITY AND COST SCORE

BIDDER REF	PANEL MEMBERS QUALITY SCORE (40%)	BIDDERS COST SCORE (60%)	TOTAL SCORE (OUT OF 100%)	RANK
2	30%	55%	85%	1
1	21%	53%	74%	2
6	11%	60%	71%	3
5	11%	57%	68%	4
3	20%	43%	63%	5
4	19%	41%	59%	6

APPENDIX 3

EQUALITIES IMPACT ASSESSMENT

Appendix 3.1: Equalities considerations for Brent Park Royal

Brent Park Royal is being developed by ASRA Housing Group (a registered provider), and forms part of the New Accommodation for Independent Living (NAIL) programme, this briefing note should be read in conjunction with the overarching NAIL Equalities Impact Analysis.

Unit mix and tenure

Brent Park Royal is predicted to be handed over in January 2016, and will comprise of 99 homes which will be used exclusively as Extra Care. This type of accommodation is generally for older people, but can be equally appropriate for people with a mental health condition, or a physical disability depending on their needs. As a general rule, these types of homes are reserved for those over 50 years of age, but exceptions can be made to this if appropriate.

90 of these flats are one bedroom flats, and 9 are two bedroom flats – meaning that there could be an opportunity for a couple who need separate bedrooms due to their care needs, or an individual living with their child, or a carer.

Overall site layout

The scheme is comprised of a single seven storey block with a lift to all floors.

Internal dwelling layout

100% of the units are wheelchair accessible, featuring turning circles for wheelchairs in each room, accessible wet rooms with shower chairs, additional storage, and a pathway and knock out panel for a future hoist to move residents between the bedroom and bathroom if it is needed in future.

Communal Facilities

The site has been specifically developed to provide communal space, both internal and external. Externally there is a communal garden, internally there are communal activity spaces on every floor area in which it is anticipated a wide range of activities will both be facilitated and develop organically as the community matures. There is also a hairdressing unit on site and a guest bedroom facility so that residents can have overnight visitors, even if they aren't able to accommodate them within their flat.

Location & Local Transport

Although the immediate surrounding area is principally an industrial and warehousing zone the scheme is situated in a new residential community being developed about the Central Middlesex Hospital, centred around a

neighbourhood centre. With such close proximity to the hospital the scheme will be unusually well served by GP and older peoples' health services. The proximity of the hospital also means that the scheme is particularly well served by bus services, which have over time been developed to maximise the hospital's accessibility.

There are numerous places of worship within a 1-3 mile distance of the scheme;

- St Michael and All the Angels Church (Church of England), 1.2mile
- Our Lady Of Willesden Church (Roman Catholic), 1 mile
- Ealing Synagogue, 2.8 miles
- BAPS Shri Swaminarayan Mandir (Hindu Temple), 1.5 miles
- Monks Park Masjid (Mosque), 1.6 miles

Equalities Considerations Summary

- The amount and flexibility of communal spaces throughout the scheme will hopefully allow for a wide variety of activities, encouraging people of all backgrounds to mix with one another, and ensuring that different cultural and religious groups are able to undertake activities that appeal to them.
- The location of the scheme itself, in an area well served by health services, with strong transport links, in a developing local community, should also ensure that it appeals to a variety of groups, and that they should be able to benefit from engaging with the developing community activities outside of the scheme.
- The unit layouts are 100% wheelchair accessible, and offer well thought out, easily adaptable accommodation which should suit the changing needs of residents over time.
- There are a mix of one bedroom and two bedroom flats, which offer flexibility for couples, or those living with children or carers.

The predicted equalities impact of this scheme is laid out in the table below.

Protected Group	Impact
Age	Positive
Disability	Positive
Gender re-assignment	Unknown
Marriage and civil partnership	Positive
Pregnancy and maternity	Neutral
Race	Neutral
Religion or belief	Neutral
Sex	Positive
Sexual orientation	Unknown