

Community Health & Wellbeing Service Delivery Partner

Date: 11th November 2022

Report of: Deputy Director, Integrated Commissioning

Report to: Director of Adults & Health

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

The Director, Adults and Health is asked to approve the procurement of a contract to appoint a Delivery Partner to work with the Council and Leeds Community Healthcare Trust on the development of the new Community Health and Wellbeing Service which aims to transform home care in Leeds to support integrated working at a neighbourhood level.

The contract term is 24 months commencing on 2nd January 2023 with a total potential value of £400,000. The tender will be advertised through the Crown Commercial Service Framework RM6187 Management Consultancy 3 - Lot 7 Health, Social Care & Community: Provision of objective specialist advice in areas related to health, social care and/or community

Recommendations

The Director of Adults and Health is recommended to -

- a) Approve a procurement exercise to appoint a Community Health and Wellbeing Service Delivery Partner on a 24 month contract up to the total potential value of £400,000 by competitive tender through the Crown Commercial Service Framework RM6187 Management Consultancy 3
- b) Approve the contract award via significant operational decision to the winning bidder following the tender evaluation.

What is this report about?

- 1 The report seeks approval from the Director, Adults and Health to enter into a competitive procurement exercise to appoint a Delivery Partner to provide specialist advice on the transformation of home care services to a Community Health and Wellbeing Service (CHWBS) in partnership with Leeds Community Healthcare Trust (LCH)
- 2 Current home care contracts are due for re-procurement, and this presents a unique opportunity for the Council and its partners to undertake an innovative transformation programme to create a modern, sustainable service that supports citizens to live as independently as possible, delivering additional capacity within the health and care system and improved pay and terms and conditions of employment for care workers.
- 3 The Council is collaborating with LCH on the transformation programme which aims to create a new service aligned to our co-terminus boundaries working with both social work and community healthcare teams to support people in their home.
- 4 Transformation at this scale involves multiple stakeholders and significant changes to how we fund, co-ordinate and deliver services. In order to work at speed across health and social care to develop and deliver this new model, we require input and advice from a specialist organisation experienced at supporting public sector partners to deliver innovative and sustainable change.
- 5 A key task for the Delivery Partner will be to provide an independent and objective assessment of the cost of the new model of service, the efficiencies it can deliver for the Council and the NHS and how potentially pooled budgets will be managed. It is imperative that robust and comprehensive cost benefit analysis is undertaken to determine the model going forward to ensure the council achieves both quality and value for money outcomes.
- 6 The procurement will be advertised through the Crown Commercial Services Framework RM6187 Management Consultancy 3 Lot 7 and scored based on a 60/40 quality price split. Although the Council's preferred evaluation methodology is price quality separated, the CCS framework terms dictate that we should use a price quality combined approach to evaluation. The evaluation panel will involve officers from LCH and LCC and the contract will be awarded to the highest scoring bidder through an admin DDN.
- 7 The budget will be split into two phases: Phase 1 will be up to £150,000 to undertake a cost / benefits analysis to develop an evidence base for the proposed model and assess the affordability and potential efficiencies to be gained. Phase 2 will involve working with the Council and LCH to design the new service and internal operational structures to deliver it. This will be at a cost of up to £250,000.

What impact will this proposal have?

- 8 Working with experts in this way has delivered significant operational and financial benefits to the Council and NHS. This contact will provide the programme board with a clear and costed vision for future delivery and support in achieving lasting operational change across interdependent services.
- 9 The contract will enable the Council and LCH to make informed funding decisions about future services through an independent review of the proposed model across all stakeholders and an evidence base for large scale transformation.
- 10 If the model moves forward, the programme will benefit from access to specialist consultants with expertise in a range of areas including finance, health, social care and service transformation. Time limited interventions from specialists will ensure the programme can move forward at pace and scale.

- 11 A social value commitment will form 10% of the overall score on evaluation
- 12 A full equality and diversity impact assessment is being prepared for the CHWBS model. The Delivery Partner will be instructed to consider the equality and diversity impact of the proposals and ensure that we are commissioning culturally competent and inclusive services.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing Inclusive Growth Zero Carbon

- 13 The new model of home care will significantly improve on the existing services, leading to better health and wellbeing outcomes for citizens through having a more personalised care plan and a stable and responsive team of care workers.
- 14 The new model aims to increase employment opportunities for individuals currently excluded from the home care sector due to not being a car driver.
- 15 The new model will decrease the carbon footprint of locality services by having core teams dedicated to a neighbourhood instead of multiple providers operating within the same area.

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted? Yes No

- 16 Ward Members from the proposed Phase 1 rollout area have been consulted but not specifically on the proposal to appoint a Delivery Partner.
- 17 The new model has been developed following a pilot delivered during 2020/21 that was evaluated by Leeds Beckett University. A comprehensive consultation programme is underway including service users, carers, care providers and a panel of experts by experience. The Delivery Partner will ensure that future plans are co-produced with a wide range of stakeholders.

What are the resource implications?

- 18 The total potential cost of the contract is up to £400,000 from a ringfenced budget provided by the NHS for service transformation. The contract is split into two phases, and phase will only start if the financial viability of the model is proven.
- 19 The programme team will work closely with the Delivery Partner and services will be asked to share all relevant information in a timely manner to enable deadlines to be met.
- 20 The resource implementation of the new service model will be covered by future decision reports.

What are the key risks and how are they being managed?

- 21 The risk of spending money on consultancies that do not deliver savings and efficiencies has been mitigated by scheduling the work in phases linked to demonstrating and ultimately delivering operational and budgetary efficiencies within the new service model.

What are the legal implications?

- 22 There is a risk of challenge from providers not on the Crown Commercial Service (CCS) framework who are excluded from tendering. The Contract Procedure Rules require the use of a Framework if one is available, and there are two national frameworks that could have been used for this tender. The criteria for each were reviewed, and the CCS framework included 'Alternative Delivery Models', 'Programme and Project Management' and 'Community Services and Third Sector' all of which are part of the new model and not specifically mentioned in the alternative Framework.

23 This is a significant operational decision and not subject to call in. The move from Phase 1 to Phase 2 will be via an admin decision by the Director.

Options, timescales and measuring success

What other options were considered?

- 24 The option to use internal resources for work allocated to the contract was considered and discounted. The work requires specific knowledge both community healthcare and social care. Having an independent contractor with expertise of both will enable the project to move forward more quickly and achieve the benefits sooner.
- 25 The allocated staff resource to the programme is at capacity and would require new staff to be appointed on a temporary basis. Having a multi-specialist delivery partner to work on time limited projects when needed is more cost effective and less risky than employing staff with individual specialisms on a fixed term contract.

How will success be measured?

- 26 Each element of the work assigned to the Delivery Partner will be specified in a project plan with performance and quality measures included.
- 27 The ultimate success of the contract will be in having the first phase of the new home care model finalised and ready to tender within the programme deadline.

What is the timetable and who will be responsible for implementation?

- 28 The tender will be published w/c 14th November 2022 with a minimum three week response period. The contract will be awarded following tender evaluation and standstill. The contract start date is 2nd January 2023.

Appendices

- Equality Assessment.

Background papers

- None.