

Classification:	Decision Type:
Open	Key

Report to:	Cabinet	Date: 05 March 2025
Subject:	Care at Home Re-Tender	
Report of	Deputy Leader and Cabinet Member for Health and Wellbeing	

Summary

The Care at Home service supports the vulnerable people of Bury with their assessed needs under the Care Act 2014. This includes support with personal care, moving and handling, nutrition and hydration, and medication.

The service supports approximately 841 people each day and delivers circa 10,866 hours of home care each week.

The Council spend on Care at Home in 2023/24 was approximately £9.1m and there are no additional increased financial implications as the service is already budgeted for in the Care in the Community budget.

Care at Home contracts normally last 3, 4, or 5 years so the expenditure incurred over these periods of time are significant and for this reason, the process of designing the specification and identifying providers is in depth, comprehensive, and lengthy.

The current service was commissioned in October 2021 for a period of three years and extended for a further 12-months until October 2025.

It is now necessary to seek permission to start the process which will ultimately result in the procurement of a new Care at Home contract in Bury starting in October 2025.

Recommendation(s)

- 1. Approval to commence the re-tender (open tender process) for a new Care at Home service to start in October 2025 for a period of 3 years with the option to extend for one year plus one year, at a cost of approximately £10m a year.
- 2. Delegate the authority to approve the service specification to the Director of Adult Social Services and Community Commissioning.
- 3. Return to Cabinet in September 2025 to request approval to contract awards.

Reasons for recommendation(s)

The Council has a legal duty to follow Procurement Law and fair purchasing processes.

Alternative options considered and rejected

Alternative options are not applicable due to Procurement Law and the requirement to complete a re-tender exercise.

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Background

The main aim of the Care at Home service is to provide proactive and personalised care within the individual's home and community. This means that the service provider should work in a person-centred way and respond to a person's changing needs to preventing crisis situations from occurring. This should address the person's social-care related quality of life as well as their wider wellbeing (for example housing, social inclusion, and environment) in line with their assessed needs and individual outcomes.

The key principles behind this service include reducing, preventing, and/or delaying the need for further care and support, promoting the statutory principle of individual wellbeing, and introducing positive behavioural change to encourage independence where possible in line with the Let's Do It! Strategy and a strengths-based approach to support.

The Council spend on Care at Home in 2023/24 was £9,139,875 and there are no additional increased financial implications as the service is already budgeted for in the Care in the Community budget.

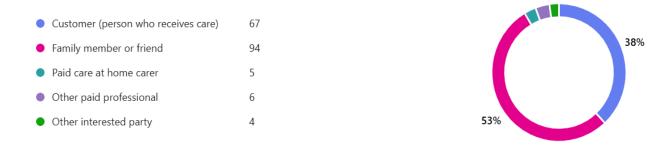
Consultation Findings

A 6-week public consultation ran from Monday 04 November to Sunday 15 December 2024.

Commissioners wrote to 841 people who receive Care at Home asking them, along with family and friends, to complete a survey and offered the opportunity to attend consultation sessions, both online and face-to-face.

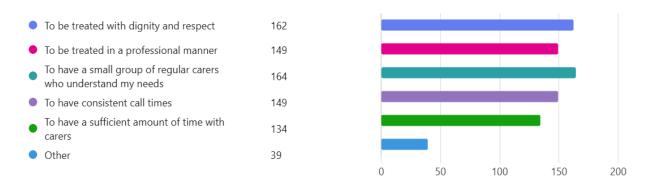
The same survey was open to Providers, Social Workers, Health Colleagues, Bury VCFA, Healthwatch, and other partner agencies. They too were offered the opportunity to attend online and face-to-face consultation sessions.

176 survey responses were received in total with the majority of respondents (53%) being a family member or friend. Please see the chart below for a further breakdown:



When thinking about Care at Home, the top two most important things for people included being treated with dignity and respect and having a small group of regular carers who understand the person's needs.

Please see the chart below for a further breakdown:



In addition, respondents highlighted many other areas of importance, such as continuity of care, and suggestions were made for service improvement. It was clear throughout the feedback that people who receive Care at Home and family members need a better understanding of what Care Workers can and cannot do, and for expectations to be managed from an early stage.

Please refer to Appendix 1 for a detailed summary of the anonymised consultation findings.

The bullet points below provide an overview of the subjects that were discussed during the online and face-to-face consultation sessions:

- The need for new and improved Key Performance Indicators (KPIs)
- The potential need for a Lot 3 for people who have complex needs
- The potential need for the Trusted Assessor Model
- Discussions regarding whether 30-minutes should be the minimum call time for personal care
- Opportunities to run various pilots related to technology enabled care (TEC) and blended roles
- The need for a Welcome Letter for people who receive Care at Home.

Please refer to Appendix 1 for a detailed summary of the discussions.

The analysed consultation findings along with desktop research will inform the updated service specification.

All key stakeholders, with the exception of providers due to market competition rules, were invited to join a 'co-production working group' which met weekly throughout January 2025 to update and co-produce the relevant documentation. The Community Commissioning Team are leading this work with input from Brokerage colleagues, Healthwatch colleagues, and the Chair of the Bury Older People's Network (BOPN).

Links with the Corporate Priorities:

In line with the Let's Do It! Strategy, the new Care at Home model will support people to live independently and well at home for as long as possible:

Local: Support people to live independently in their homes and communities for as long as possible.

Enterprise: Opportunities for any capable local suppliers to join the Care at Home provider framework.

Together: Improve health and well-being by working with communities and residents.

Strengths: The promotion of personal resilience and capabilities, and also the current and potential social and community networks, to make sure that people stay connected and independent.

Equality Impact and Considerations:

Please provide an explanation of the outcome(s) of an initial or full EIA and make specific reference regarding the protected characteristic of Looked After Children. Intranet link to EIA documents is here.

A full EIA has been completed which has highlighted potential impacts across several characteristics. All impacts have been considered and mitigating actions will be put in place to remove these impacts. With mitigations there are no adverse equality impacts. No direct impact on Looked After Children.

Please see Appendix 2 for Equality Impact Assessment.

Environmental Impact and Considerations:

Please provide an explanation of the Environmental impact of this decision. Please include the impact on both **Carbon emissions** (contact <u>climate@bury.gov.uk</u> for advice) and **Biodiversity** (contact <u>c.m.wilkinson@bury.gov.uk</u> for advice)

In line with the Council's target to be carbon neutral by 2038, thorough planning will ensure the new Care at Home model is streamlined across the 'zoned areas' to ensure unnecessary travel by providers does not take place. As part of the tender process,

we plan to ask providers how they will help the Council to be carbon neutral (for example, the use of electric vehicles, bike/walking routes, energy efficient office spaces, and climate change awareness amongst staff). No direct impact on biodiversity.

Assessment and Mitigation of Risk:

Risk / opportunity	Mitigation
The Council will not be compliant with Procurement rules and legislation.	Advice from Corporate Procurement and Legal colleagues is that the Council is complying with relevant rules and legislation.
We will miss deadlines due to tight timeline.	Project plan and timeline to be reviewed regularly by the Project Group.
Lack of communication with key stakeholders.	Communication plan and stakeholder map to be followed.
The use of Artificial Intelligence (AI) in bids.	Explore adding AI restrictions into the tender documentation.
Disruption for staff and customers of current providers who are unsuccessful.	Commissioners will support a smooth transfer for customers moving to new providers and TUPE may be applicable for some staff. Customers will also have the option for a personal budget to choose their provider or a personal assistant of choice.

Legal Implications:

- 1. This tender will commence using the open tender process to invite all potential bidders in the market to apply to deliver the Care at Home Services.
- 2. After contract award to the successful bidders, contracts will be entered into with each successful provider which will allow the Council to monitor and maintain service standards.

Financial Implications:

To be completed by the Council's Section 151 Officer.

Although the recommendations set out in this report do not create additional budget pressure on the Health & Adult Care Directorate budget it is important that Finance and HAC Directorate colleagues work collaboratively to ensure that the Councils Home Care service provision benchmarks positively against its regional neighbours with regards to unit cost and home care client activity.

As part of the monthly budget monitoring cycle, Finance and Budget holders will track the expenditure linked to Home Care ensuring that all expenditure aligns to the funding provided. Any financial risks/pressures identified will be highlighted to the Director of Adult Social Services as part of the monthly budget monitoring conversation whereby an action plan will be deployed to mitigate any financial risks/pressures.

Appendices:

Appendix 1: Care at Home Re-Tender Consultation Findings

Appendix 2: Equality Impact Assessment

Background papers:

N/A

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning	
KPI	Key Performance Indicator (a mechanism to measure performance)	
TEC	Technology Enabled Care (technology to support care)	
AI	Artificial Intelligence (the simulation of human intelligence processes by computers)	
BOPN	Bury Older People's Network (a mechanism for older Bury residents to have their voices heard on things that matter to them)	
TUPE	Transfer of Undertakings (Protection of Employment)	