

**NORTH SOMERSET COUNCIL
DECISION**

**DECISION OF: EXECUTIVE MEMBER FOR ADULT SOCIAL SERVICES
WITH ADVICE FROM: DIRECTOR OF PEOPLE AND COMMUNITIES
AND THE HEAD OF STRATEGIC PROCUREMENT
DIRECTORATE: PEOPLE AND COMMUNITIES**



DECISION NO: PC30 (2018/19 SCHEME)

SUBJECT: The recommissioning of the community based care and support framework agreement

KEY DECISION: NO

BACKGROUND:

The North Somerset Corporate Plan 2015-19 considers various areas of key focus. The following listed under Health and Wellbeing relate to this recommissioning.

- Enable residents to make healthy choices and promote active lifestyles which reduce ill-health and increase independence.
- Support families to give their children the best start in life.
- Commission or provide quality health and care services, which deliver dignity, safety and choice

The following listed under Prosperity and Opportunity relate to this recommissioning.

- Enable young people to fulfil their potential.
- Ensure that all our communities share in prosperity and employment growth.

The following listed under Quality Places relate to this recommissioning.

- Build and sustain great places to live and visit - vibrant, accessible and safe.
- Empower people to contribute to their community and communities to provide their own solutions.

The People and Communities Annual Directorate Statement for 2017-18 lists under the Excellence in Managing Resources section are the key areas.

- Recommissioning domiciliary care, care homes, support people and voluntary sector provision to address financial challenges
 - Joint commissioning with Health to achieve ambitions of the Better Care fund

DECISION:

It is requested that this procurement plan be approved to proceed.

Four separate contracts will be tendered. They are as follows:

Contract 1 - an open Framework Agreement for Specialist Care and Support. This will incorporate services for adults and children in the following groups;

- Learning disabilities
- Mental health
- Acquired brain injury, autism and transitions

Contract 2 - a single supplier Framework Contract for Short Term Care and Support to support End of Life, Hospital Discharge and Hospital admission prevention outside of the scope of the Support to Live at Home Contracts.

Contract 3 - an open Framework Agreement for Complex Care and Support. This will incorporate services for adults and children.

Since the approval of the Commissioning Plan on 24th July 2018, BNSSG CCG has subsequently taken an in principle decision to consolidate its commissioning arrangements in house and we are seeking clarification of what impact or timing this decision will have on existing and future joint commissioning. Therefore, it is necessary to suspend the procurement of Contracts 2 and 3.

Contract 4 - an open Framework Agreement for Spot purchase of Care and Support. This will incorporate services for adults and children.

REASONS:

The Council commenced a Framework Agreement to deliver community-based care and support services on 5th December 2011 that expires on 4th December 2018. There are a number of schedules that sit under the Framework Agreement. Some of the current schedules have been replaced by the Support to Live at Home contracts recommissioned over the last two years. This exercise excluded the following services which are in scope for any new contractual arrangement;

- Learning Disabilities – currently 13 Providers on the framework
- Mental Health – currently 12 Providers on the framework
- Complex Health and Social Care – currently 8 Providers on the framework
- Supported Accommodation - currently 2 Providers on the framework
- Short Term Care Brokerage Support for the Council, North Somerset Community Partnership and the Clinical Commissioning Group – currently 1 Provider
- Links Court – A specific Learning Disabilities service– currently 1 Provider

There is the opportunity with this recommissioning to consolidate contracts and incorporate commissioning for children's services in areas that have been identified as emerging service requirements for which there are gaps in the current market.

Due to delays in reviewing the funding position and implications around the recommissioning, there is a need to extend the current Framework Agreement to allow for the tender process to take place. This is outside of the contract Terms and Conditions. The

tender will be in process at the time the current Framework Agreement expiry date and although there may be a risk of challenge to the extension this risk is minimal due to any Provider who may wish to challenge being able to tender for any one of the new contracts proposed.

The commissioning plan was agreed by Full Council on 24 July 2018. Minute reference: COU41.

TUPE is not applicable to this contract.

Contract 1 - An Open Framework Agreement for Specialist Care and Support.

Contract value:

Approximately £10,201,000 per year over the two lots.

Overview:

- **Lot 1 (Schedule A):** Care and Support into Supported Living. Which comprises of where a Client has overnight support, 24-hour support or has core or shared support with another Client.

- **Lot 2 (Schedule B):** Care and Support for smaller packages of support that are under 105 hours per week.

The recommendation is for an open framework agreement to be procured under the EU Light Touch Regime which will allow new providers to be added during the contract term. Due to the challenges that lie largely within the housing market for these types of schemes, the Council requires the flexibility to be able to add new providers to the framework should a new care provider enter the local market and want to work with the Council.

Evaluation

The open framework agreement will have quality evaluation at the initial tender stage including pass/fail questions and scored method statements (comprising of staffing, risk management, quality assurance). All providers that score a minimum of 3 for all scored questions will be placed on the framework.

The framework will have two lots (schedules) and providers can apply to be placed on 1 or both lots.

Call offs under the framework:

Mini competitions will be sent to all suppliers when calling off from either lot as follows:

Lot 1 (Schedule A) - quality and price (there will be a maximum price) evaluation at the time of call off. Breakdown: quality 50% and price 50%.

Lot 2 (Schedule B) – a set price. Packages will be sent to all providers. The social worker will choose the most appropriate if more than one respond.

The Council's Brokerage Team and Children's Placement Team will be used to call off from the Framework Agreement and will liaise with the professionals in charge of the package. This is essential due to the complexities of the service user groups.

New Providers to the market can be added at any time during the term using the same quality checks as the initial tender.

The council's standard 0-5 scoring method will be used in evaluations.

Timescales:

Outline timetable:

- The preparation of the specification and ITT documents will be completed by the end of September 2018
- The procurement process commences through advertising the opportunity on the 1st of October 2018
- Approval to award obtained in February 2019
- The successful supplier will be notified in February 2019.
- The service will start on the 1st of April 2019

Lessons Learnt LD:

- Of the 13 Providers attached to the current framework only 5 Providers have picked up packages this financial year. *Mitigation: Having an open Framework allows more providers to join throughout the contract. Adding smaller packages onto larger ones makes it more appealing to providers.*
- Providers struggle to pick up small packages of support – small being deemed by Providers as anything under 24 hours a day. *Mitigation: Add smaller packages onto larger ones*
- Feedback from Providers is that the hourly rate for smaller Packages is too low compared to other Local Authorities. *Mitigation: Add smaller packages onto larger one to make them more appealing to providers.*
- The occasional need to commission Providers not attached to the framework when out of area or a new Provider comes into the market, is restricted. *Mitigation: Having an open Framework allows providers to join throughout the contract.*

Lessons Learnt MH:

- Providers on the current framework are taking too long on average to pick up a package of support. *Mitigation: Having an open Framework allows more providers to join throughout the contract.*
- There are currently packages of support waiting to be picked up. *Mitigation: Having an open Framework allows more providers to join throughout the contract.*

- Of the 12 Providers attached to the framework only 6 Providers have picked up packages of support. Mitigation: *Having an open Framework allows more providers to join throughout the contract.*
- The occasional need to commission Providers not attached to the Framework Agreement when out of area or a new Provider comes into the market is restricted. Mitigation: *Having an open Framework allows more providers to join throughout the contract.*
- Feedback from Providers is that the hourly rate for smaller packages is too low compared to other Local Authorities. Mitigation: *Add smaller packages onto larger ones*

Market Position:

There are 13 providers on the current framework and we would expect the majority (and possibly more) to apply for the new framework. We will be introducing provider forums and partnership meetings going forward.

Governance:

- Commissioner: Contracts & Commissioning Officer – People & Communities
- Service Area: Care Managers and other Professionals involved
- Strategic Procurement Service: Head of Procurement & Procurement Officer
- Finance: Finance Business Partner

Route to market:

It is proposed that a OJEU Open Procedure under the Light Touch regime is used for this process.

The proposed contract term will be 4 years with an optional 2-year extension.

Social Value, Sustainability & VCSE

It is proposed to include the following question with the methods statements to get onto the framework:

In response to the Public Services (Social Value) Act 2012, North Somerset Council wish to encourage/support the following through this contract across the area of North Somerset:

- Support the local economy
- Promote job opportunities / employment of apprentices
- Encourage work in partnership
- Promote equal opportunities
- Support vulnerable people

Bidders must detail ways in which they can further these aspirations within this contract.

Social value with regards to this provision could include, but is not limited to, the following:

- Maximising employment opportunities for long term unemployed, care leavers, and individuals from groups traditionally underrepresented in the construction industry, e.g. women, disabled people and people from BME communities.
- Maximising spend within the local supply chain
- Maximising local recruitment opportunities
- Providing opportunities for training / apprenticeships and work with educational establishments
- Monitoring information of the above and detailing how will be made available to the Council

Contract Management:

The Contracts and Commissioning Team will provide the provider a Contract and Compliance Report yearly. This will measure the provider against the Performance Indicators of the contract.

Contract 2: Single supplier Framework Contract for Short Term Care and Support to support End of Life, Hospital Discharge and Hospital admission prevention outside of the scope of the Support to Live at Home Contracts.

Contract value:

Approximately £804,795 per year

Overview:

This contract will provide block purchased care utilised by the Assessment Reablement team (ART), Rapid Response team and End of Life team to support with end of life packages, hospital discharges, hospital admission prevention and home care capacity issues.

The council would like the following core hours (total hours 476):

- 7 staff from 7am – 12pm
- 3 staff from 12pm-2pm
- 6 staff from 5.30pm – 10pm

There will be a six-week phased implementation of the Core Hours. The Provider will ensure that they have commenced recruitment to the Service that, from the commencement date, meets a minimum requirement of;

	Core Hours Daily 0700-1200	Core Hours Daily 1200-1400	Core Hours Daily 1730-2200	Total Block Hours available
Care Staff available	2	1	2	147

commencement date (week 1)				
Care Staff available Monday for week 2	3	1	2	182
Care Staff available Monday for week 3	4	1	3	248.5
Care Staff available Monday for week 4	5	2	4	329
Care Staff available Monday for week 5	6	2	5	395.5
Care Staff available Monday for week 6	7	3	6	476

The Provider may be asked to provide elements of a package or if necessary a package outside of the block hours. If the Provider has the capacity to do so, the Provider will provide any element of, or the Package outside of the block hour at a spot rate.

The Provider is not required to allocate specific members of staff to each Service Area, however, in order to ensure secure provision for each Service Area, the Provider will ring-fence hours as follows;

- Hospital Discharges – 266 hours per week
- Hospital Prevention – 105 hours per week
- End of life – 105 hours per week

Rebasing: The Council has made all best endeavours to set the block hours at the volume necessary to meet the need. It acknowledges that this volume may require to be rebased at any time throughout the Term to ensure best value. The Council will give the Provider not less than 2 months' notice. The Provider will be required to submit information to the contracts and commissioning team to support with monitoring the block delivery.

Winter pressures: The pressure on the hospital, end of life and rapid response teams increase over the winter period, particularly Christmas. The Council and CCG will look to assess any anticipated increase in demand for the Services in September, prior to the winter period and work with the Provider to increase the blocks accordingly for between 4-6 months each year by up to double the block hours.

The recommendation is for single provider framework agreement to be procured under the EU Light Touch Regime.

Evaluation:

Pricing:

It is likely the council will pay a fixed amount for care staff on a block basis to be available between the hours listed above. This equates to maximum of 476 hour per week. It is considered that prices could increase if tenderers were asked to bid their own prices.

Bids will be assessed on a 100% quality basis.

The evaluation will be split into 3 stages and weighted as follows:

Stage 1:

Pass/fail questions and scoring of method statements (35%):

Method statements to include: Approach to prevention and managing limited resources in health and social care; stakeholders; management – methods, resources & training; staffing; Monitoring & outcomes; service implementation.

Standard 0-5 scoring methodology will be used (minimum score of 3 on each question)

The top 4 scoring Providers will move onto the next stage.

Stage 2:

Assessment day (30%):

Practical assessments, use of hoists etc.

Standard 0-5 scoring methodology will be used (below 3 would be an automatic fail)

The top 2 scoring Providers will move onto the next stage (stage 1 & stage 2 scores will be combined).

Stage 3:

Presentation (35%):

The presentation will be scored in two parts: 1) Understanding of how the use of assistive technology and telecare can be used to reduce the demand on future social care services

(17.5%). 2) and how you as a Provider will implement assistive technology in your day to day operations (17.5%).

Standard 0-5 scoring methodology will be used.

The provider who scores the highest overall (combined over the 3 stages), will be awarded the contract.

There will be no overlapping of questions throughout the stages.

Timescales:

Outline timetable:

- The preparation of the specification and ITT documents will be completed by mid-September 2018
- The procurement process commences through advertising the opportunity on the 24th of September 2018
- Approval to award obtained in December 2019
- The successful supplier will be notified in December/January 2019.
- The service will start on the 1st of April 2019

Lessons Learnt:

- The blocks need to be flexible and the ART, Rapid Response Team and End of Life Team need to have the autonomy to utilise the blocks as best suits the day to day service demands
- The blocks aid speedier hospital discharge.
- The blocks need to offer cross cover and due to the close working relationships of the different teams, the blocks work to support the day to day service demands
- The provider needs to be extremely response and proactive
- The blocks have had on average an 89.3% capacity usage
- Health colleagues have reported that they feel the blocks are invaluable
- There is currently a high level of client satisfaction

Market Position:

We anticipate mainly local Providers to be interested in this opportunity.

Governance:

- Commissioner: Contracts & Commissioning Officer – People & Communities
- Service Area: Care Managers and other Professionals involved
- Strategic Procurement Service: Head of Procurement & Procurement Officer
- Finance: Finance Business Partner

Route to market:

It is proposed that a OJEU Open Procedure under the Light Touch regime is used for this process. This will be a single provider framework.

The proposed contract term is 2 years with the option of 2 x 1-year extensions.

Social Value, Sustainability & VCSE

It is proposed to include the following question with the methods statements to get onto the framework:

In response to the Public Services (Social Value) Act 2012, North Somerset Council wish to encourage/support the following through this contract across the area of North Somerset:

- Support the local economy
- Promote job opportunities / employment of apprentices
- Encourage work in partnership
- Promote equal opportunities
- Support vulnerable people

Bidders must detail ways in which they can further these aspirations within this contract.

Social value with regards to this provision could include, but is not limited to, the following:

- Maximising employment opportunities for long term unemployed, care leavers, and individuals from groups traditionally underrepresented in the construction industry, e.g. women, disabled people and people from BME communities.
- Maximising spend within the local supply chain
- Maximising local recruitment opportunities
- Providing opportunities for training / apprenticeships and work with educational establishments
- Monitoring information of the above and detailing how will be made available to the Council

Contract Management:

The Contracts & Commissioning officers will contract manage these services. It is anticipated there will be quarterly meetings, with monthly KPI reviews.

Contract 3: An open Framework Agreement for Complex Care and Support. This will incorporate services for adults and children.

Contract value:

Approximately £1,450,000 per year.

Overview:

This schedule is a spot purchase service for all Packages in the community funded by the Clinical Commissioning Group (CCG) and deemed to be of a complex nature by the funded health care team. This will largely involve people in need of clinical intervention (including packages funded by the department under 18 years of age and deemed to be of a complex nature) and possibly nursing care.

There are 8 Providers of specialist complex health and social care services on the current community-based care and support framework contract. This schedule was put in place at the request of health colleagues in the North Somerset CCG for service users that need a higher level of care and possibly clinical/nursing interventions. Providers are expected to provide each Service User with a clinical nurse manager to oversee the Package and staff are expected to have a higher level of training in medical interventions. Packages are sourced via expressions of interest with a price submitted each time a Package is required based on the individual needs, however the rate for care staff should not be higher than the agreed Framework Agreement rate.

The CCG has started to request the use of Providers not on the community-based care and support framework due to the list being exhausted. Very often Service User's home/family situations can be as complex as their health needs and Providers who undertake the package serve notice. It has become clear that being restricted to a closed list of Providers does not work for this client group.

Evaluation:

The open framework agreement will have quality evaluation at the initial tender stage including pass/fail questions and scored method statements (comprising of: CQC Rating; approach to prevention and managing limited resources in health and social care; management - methods, resources & training; staff management, supervision, development [including systems] & policies). All providers that score a minimum of 3 for all scored questions will be placed on the framework.

Call offs under the framework:

Mini competitions will be sent to all suppliers when calling off from the framework using: Price 80% & Quality 20%.

The Council's Brokerage Team and Children's Placement Team will be used to call off from the Framework Agreement and will liaise with the professionals in charge of the package. This is essential due to the complexities of the service user groups.

New Providers to the market can be added at any time during the term using the same quality checks as the initial tender.

The council's standard 0-5 scoring method will be used in evaluations.

Timescales:

Outline timetable:

- The preparation of the specification and ITT documents will be completed by end of October 2018
- The procurement process commences through advertising the opportunity on the 1st of November 2018
- Approval to award obtained in February 2019
- The successful supplier will be notified in February 2019.
- The service will start on the 1st of April 2019

Lessons Learnt:

There are a lot of Providers in the complex health and social care market nationally and due to the difficulties experienced in working with a closed Framework Agreement the preferred option is to retain as large a market as possible (having an open framework agreement). Children's complex care is currently purchased via ad hoc agreements arranged directly by social workers in the Disabled Children's Team. This impacts on the rates being paid as there is no market management or formal process for which Providers are contacted.

Market Position:

There are 8 Providers of specialist complex health and social care services on the current community-based care and support framework contract.

Governance:

- Commissioner: Contracts & Commissioning Officer – People & Communities
- Service Area: Care Managers and other Professionals involved
- Strategic Procurement Service: Head of Procurement & Procurement Officer
- Finance: Finance Business Partner

Route to market:

It is proposed that a OJEU Open Procedure under the Light Touch regime is used for this process.

The proposed contract term is 4 years with the option of 2-year extension.

Social Value, Sustainability & VCSE

It is proposed to ask the following question in the tender documentation:

In response to the Public Services (Social Value) Act 2012, North Somerset Council wish to encourage/support the following through this contract across the area of North Somerset:

- Support the local economy
- Promote job opportunities / employment of apprentices
- Encourage work in partnership
- Promote equal opportunities
- Support vulnerable people

Bidders must detail ways in which they can further these aspirations within this contract.

Social value with regards to this provision could include, but is not limited to, the following:

- Maximising employment opportunities for long term unemployed, care leavers, and individuals from groups traditionally underrepresented in the construction industry, e.g. women, disabled people and people from BME communities.
- Maximising spend within the local supply chain
- Maximising local recruitment opportunities
- Providing opportunities for training / apprenticeships and work with educational establishments
- Monitoring information of the above and detailing how will be made available to the Council

Contract Management:

It is anticipated there will be annual provider questionnaires. BNSSG CCG will be responsible for clinical monitoring and day to day issues.

Contract 4: An open Framework Agreement for Spot Purchase of Care and Support. This will incorporate services for adults and children.

Contract value:

Approximately £3,120,000 per year.

Overview:

The Council under our Care Act responsibilities will also need to be able to spot purchase ad hoc domiciliary care packages responsibilities for the following reasons;

- If a Service Users is on holiday or required to stay with family the Council is responsible for ensuring care is received from a Provider based out of our area
- If a Service Users has a private funded package of care, with a Provider we do not contract with, who subsequently reaches the Council's financial threshold and they are unable to take a direct payment
- If a Service Users has a package of care with a Provider funded by a direct payment and the direct payment is taken away from them

- If the Council has exhausted their own Providers but cannot find a service for the Service User
- If the Council provides a funded package of care outside of the District e.g. to support a university placement.

This arrangement applies to both adults and children.

The brokerage team and children's placement team undertake CQC/Ofsted checks and contract the relevant local authority if applicable when arranging a one-off care and support package.

Evaluation:

The open framework agreement will have quality evaluation at the initial tender stage including pass/fail questions and scored method statements (comprising of: CQC Rating; approach to prevention and managing limited resources in health and social care; management - methods, resources & training; staff management, supervision, development [including systems] & policies). All providers that score a minimum of 3 for all scored questions will be placed on the framework.

Call offs under the framework:

Price will be agreed on a case by case basis in line with the social care authorisation process a social care panels. Quality checks will vary depending on the circumstance (geographical position/existing provider/social worker assessment). If an out of county Provider is required, the Brokerage/Children's Placement Team will contact the host local authority and complete a CQC/Ofsted check to ensure the service is not rated inadequate. The social worker will be consulted if any concerns are raised. A form will be completed for audit purposes detailing the Service User, Provider, cost and reason for each Package purchased under this Framework Agreement or Letter.

Where several Providers are being considered, price is likely to be 100% criteria, however, there may be consideration given to the Providers timeframe required to start the Package. If the more expensive Provider can start the Package sooner this may be the preferred option. This will be decided by the relevant professional's authorisation process and the social care panels.

New Providers to the market can be added at any time during the term using the same quality checks as the initial tender.

The council's standard 0-5 scoring method will be used in evaluations.

Timescales:

Outline timetable:

- The preparation of the specification and ITT documents will be completed by end of October 2018
- The procurement process commences through advertising the opportunity on the 1st of November 2018
- Approval to award obtained in February 2019
- The successful supplier will be notified in February 2019.
- The service will start on the 1st of April 2019

Lessons Learnt:

We will always need to be able to spot purchase domiciliary care as and when required.

Market Position:

We anticipate that all existing providers will apply for this. New providers will be added as needed.

Governance:

- Commissioner: Contracts & Commissioning Officer – People & Communities
- Service Area: Care Managers and other Professionals involved
- Strategic Procurement Service: Head of Procurement & Procurement Officer
- Finance: Finance Business Partner

Route to market:

It is proposed that a OJEU Open Procedure under the Light Touch regime is used for this process.

The proposed contract term is 4 years with the option of 2-year extension.

Social Value, Sustainability & VCSE

The following clause on social value will be in the specification:

1. SOCIAL VALUE

1.1. *The Social Value Act 2012 requires that when buying services commissioners to consider securing:*

1.1.1. *Economic,*

1.1.2. *Social, and*

1.1.3. *Environmental benefits.*

1.2. *To that end the Council requires the Provider to:*

Economic

1.2.1. *Target recruitment and offer work locally wherever possible;*

1.2.2. *Recruit Care Staff will be recruited in a way that ensures availability to meet the needs of the Persons rather than Care Staff;*

1.2.3. *Offer all Care Staff at least, minimum contracted hours to ensure Care Staff are paid the national minimum wage or the national living wage as appropriate.*

1.2.4. *Pay Care Staff for their time spent travelling in between Persons; and*

1.2.5. *Ensure that its Service delivery model supports these aims in the most cost-effective and environmentally-friendly way possible.*

1.2.6. *Pass the percentage of any uplift in Service Charges agreed with the Council, on a pro-rata basis directly to Care Staff;*

1.2.7. *Further, the Council has committed to adopting the priorities of Team North Somerset, which includes supporting care leavers, high impact families, young people not in education, Persons with a mental health condition and/or a learning disability into quality sustained employment. The Provider will support the Council in its strategic commitment by offering employment opportunities to people in these groups where appropriate.*

1.2.8. *The Provider will establish links with local higher educational facilities and organisations supporting apprenticeships to offer placements and part time work to students studying relevant qualifications on the basis that students can progress onto permanent employment opportunities in their chosen area which may be with the provider.*

1.2.9. *The Provider will recognise engaging any students attending higher educational facilities in employment opportunities offer solutions to service provision gaps such as evenings, weekend and school and public holidays.*

Social

1.2.10. *Consider ways that it can develop the Services it provides to meet the needs of people living in North Somerset, whether it be those funded by the Council, those in receipt of direct payments or financing their care privately, or those in the local community who do not yet meet the Eligibility Criteria for a Service.*

1.2.11. *Understand what Services are needed locally, what people want to buy from them and have a policy and operational document to support this.*

Environmental

1.2.12. *The Provider shall endeavour to develop sustainable transport initiatives in the provision of its Service including encouraging 'greener' ways of travelling i.e. walking and cycling where appropriate; and*

1.2.13. *The Provider will dispose of all waste, including proper disposal of, and take measures to reduce, re-use and recycle these resources where possible.*

Contract Management:

Annual provider questionnaires. Social workers will manage day to day issues with individual packages where applicable.

OPTIONS CONSIDERED:

Various options were considered, please see commissioning plan for details.

FINANCIAL IMPLICATIONS:

Please see the commissioning plan for detailed financial information.

LEGAL POWERS AND IMPLICATIONS

This procurement will be managed following the Light Touch Regime as defined within the Public Contract Regulations 2015.

The service considered in this procurement are statutory requirements that cover a range of duties consolidated in the Care Act 2014.

A representative from the Legal team is currently developing the terms and conditions for all 4 contracts.

CONSULTATION

Please see the commissioning plan for detailed consultation information.

RISK MANAGEMENT

Provider failure will be mitigated by robust contract monitoring and compliance of the contract. Performance indicators will be set for all the contracts with the monitoring of these being undertaken by the contracts and commissioning team and the funded healthcare team for complex care packages.

All community-based care and support is paid in arrears which lowers the risk of financial loss to the Council.

Further risk management information can be found in the commissioning plan.

CORPORATE IMPLICATIONS

N/A.

BACKGROUND PAPERS

The commissioning plan was agreed by Full Council on 24 July 2018. Minute reference: COU41.

SIGNATORIES:

DECISION MAKER(S):

Signed: *D. Payne*

Title: Executive Member for Adult Social Services

Date: *4.10.18*

WITH ADVICE FROM:

Signed: Sheila Smith

Title: Director, People and Communities

Date: 4.10.18

Signed: [Signature]

Title: Head of Strategic Procurement

Date: 28.9.18

Footnote: Details of changes made and agreed by the decision taker since publication of the proposed (pre-signed) decision notice, if applicable: