

Members' Library Service Request Form

Date of Document	30/10/12
Originator	Murray Leys
Originator's Ref (if any)	
Document Title	Care at Home Procurement Process

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Additional information:

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Date	30/10/12

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REPORT TO: Members' Library Service

MEETING DATE:

BY: Executive Director (Services for People)

SUBJECT: Care at Home Procurement Process

1 PURPOSE

1.1 To seek Members approval to extend the current contracts in place with the generic care at home providers for the period of 1 year, from April 1st 2013 to March 31st 2014. The purpose of the extension is to enable a full procurement process to be carried out during this and the next financial year

2 RECOMMENDATIONS

Members are asked to:

2.1 Approve the request to extend the generic care at home contracts for the period of one year, to enable a full procurement process to be completed.

3 BACKGROUND

- 3.1 In 2009 a care at home procurement exercise was completed, to identify generic care at home provision. The object of the tender was to ensure ELC had high quality independent sector provision available which met the requirements of best value.
- 3.2 In 2009 3 providers were awarded contracts with ELC namely Housecall Care and Support, Allied Healthcare and Goose Green Homecare.
- 3.3 In 2010 it became apparent that the success ELC was having in shifting the balance of care, in line with Scottish Government policy, meant that additional provision was required. To this end a mini tender was completed and 4 supplementary providers identified, namely, Allan Ross Homecare Agency, Hilton Homecare Agency, Carr Gomm Scotland and Call In Homecare.

- 3.4 ELC had the option to extend the Framework Agreement for the original 3 providers from the end of the contract period 1 April 2012 for one year to 1 April 2013, which was implemented.
- 3.5 Advice from colleagues in our legal department is that ELC have the option to extend the contracts with the original 3 providers for a further one year to 1 April 2014, taking the total term of the contract to 5 years.
- 3.6 There is an added complication to this issue as The Public Contracts (Scotland) Regulations 2006 (the 'Regulations') state that a framework agreement shall not exceed a contract period of 4 years, inclusive of extension periods, except in exceptional circumstances. Scottish Government guidelines state that exceptional circumstances means the Council will need to have sound commercial reasons for proposing a framework of longer duration than 4 years.
- 3.7 The exceptional circumstance for seeking this extension are
 - To enable a tender exercise to take place taking account of both the original and the supplementary provider contracts
 - To enable specialist generic care at home provision to be reevaluated and to be brought into line financially with generic care at home.
 - To allow new methods of outcome based contracting and commissioning to be scoped and included in the invitation to tender
 - To ensure equity of opportunity for providers submitting tender applications and that a diverse base is encouraged. For example social enterprise and small local providers
 - To facilitate effective, comprehensive service user and other stakeholder consultation
 - To take account of how care at home services are currently allocated ensuring a more streamlined and improved system is in place
 - To scope the possibilities of introducing an electronic monitoring system similar to those in place in other local authorities

4 POLICY IMPLICATIONS

- 4.1 In order to establish all externally purchased service provision is procured in line with best practice, and is fit for purpose the extension will enable generic care at home to be commissioned in line with ELC policy and joint strategies such as
 - The Older People's Strategy

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- The Physical Disability Strategy
- Eligibility Criteria

5 EQUALITIES IMPACT ASSESSMENT

5.1 An Equality Impact Assessment has been completed.

6 RESOURCE IMPLICATIONS

- 6.1 Financial None.
- 6.2 Personnel None during the year extension
- 6.3 Other None

7 BACKGROUND PAPERS

7.1 Equality Impact Assessment

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