

## Feedback report of the Ageing Well Service provider market engagement event - 14<sup>th</sup> May 2018

### Introduction

Brighton and Hove public health and CCG Commissioners invited providers to attend a pre- tender engagement event on the 14<sup>th</sup> May 2018. Representatives from 27 providers (33 people) attended the event and were a mixture of local, regional and national organisations (details of the organisations are included in Appendix A).

Providers were given a presentation on the local context and the proposal to commission a new Ageing Well Service. This was supplemented by a presentation on the procurement process (all slides included in Appendix B).

Table top discussion groups then took place to discuss any issues and questions arising from the presentation. The commissioners also set the tables three questions to guide and trigger the discussions (Appendix C). The key questions and points raised are summarised in this report.

One attendee e-mailed a further set of questions following the event and gave permission for responses to be shared with all attendees. These questions and responses are included below:

### Bidding process:

- Will a pre-qualification questionnaire (PQQ) be used as part of the procurement process?
  - **We will use the standard selection questionnaire (SSQ) which replaced the pre-qualification questionnaire (PQQ)**
- Can only the lead provider submit instead of all the subcontractors having to submit an SSQ?
  - **Only the lead provider has to submit via in-tend. There will be an SSQ document as part of the tender docs that the lead will need to share with their subcontractors and then upload all completed forms**
- The proposed timescale from tender going out to being returned is too tight – can this be reconsidered as four weeks is not long enough?
  - **This has been amended and the tender will now go out from September 3<sup>rd</sup> until October 26th**
- What is your proposed contract model for the Lead contractor/Provider?
  - **We will only contract with a lead provider**
- The presumption has been that your model will be Lead Provider/Contractor will receive all contract monies as opposed to the commissioner paying each service line by line within a lead contractor model. Can you confirm if this is an accurate reflection?
  - **Yes this is accurate**
- Will services not already commissioned be able to place/ or be part of any bids?
  - **Yes**
- Can more than one partnership bid?
  - **Yes**
- Will B&HCC/CCG bring partnerships together?
  - **No**
- What does Service Mobilisation mean?

- **This is the time allocated following a procurement exercise before commencement of the service delivery**

#### **Delivery:**

- What are the minimum services that have to be delivered in terms of outcomes, people, hours, breadth of provision?
  - **This information will form part of the specification and will be in the tender documents**
- What is the commissioner's matrix in terms of service, hours and outcomes and what proportion of contract allocation do you envisage applied to each service line within the matrix?
  - **This information will form part of the specification and will be in the tender documents**
- Can you provide clarification over how many people are expected to come through the door?
  - **This information will form part of the specification and will be in the tender documents**
- Which areas/groups will the delivery focus on?
  - **areas of the city with a greater concentration of older people living alone**
  - **areas with higher levels of deprivation**
  - **Responding to the diverse demographics of our older population e.g. LGBT and BAME older people**
- What % of delivery is targeted and how much is generic?
  - **This information will form part of the specification and will be in the tender documents**
- Will there be defined resource allocation from the commissioners to each element of the partnership delivery? this would start to identify how resource should be prioritised as we move forward in developing our local offers and help us with the on ground prioritisation
  - **In response to feedback commissioners are considering options for resource allocation to different elements of delivery. This may be ring fenced elements of the budget or a suggested proportion of delivery for some elements. This information will form part of the specification and will be in the tender documents**
- Will the Older People's festival funding will be included?
  - **We will be asking the service to run an annual older people's festival to coincide with International Older Peoples day**

#### **Contract/service specification:**

- Question about the move from grants to a contract – Has thought been made as to what the total capital might be? The query centred on cash flow implications for organisations (e.g. will money be in advance/how will the contract model impact on organisations?)
  - **The intention is to pay the lead provider monthly in arrears. This information will form part of the draft terms and conditions, and will be in the tender documents**
- Will the contract be divisible by service line and therefore if one sub contracted element fails there is scope for an improvement and escalation model, within the partnership and ultimately back to commissioners allowing them to recall/re-tender that service line element **OR** is your proposal that the Lead Provider will be fully accountable and liable in terms of full

contractual liability and risk. The former enables protective measures for commissioner, the collective of providers and the Lead Provider whereas the latter is significantly more risk for the Lead Provider but also leaves sub –contractors open to penalty charging by the Lead Provider – at a large scale this model became an element of the Carillion failure so there is a public accountability duty to have clarity around this notwithstanding this contract is smaller than Carillion’s programmes.

- **It will be the responsibility of the lead provider to set up contracts with sub-contracted partners**
- What is the proposed working capital cycle associated with this contract? This will impact the required cash flow of Lead provider and sub-contractors. Will it be the same working capital cycle for the full annual allocation or will it alter by service within the contract?
  - **The intention is to pay the lead provider monthly in arrears. This information will form part of the draft terms and conditions, and will be in the tender documents**
- Given the “new” service includes an over-all funding reduction, is your expectation of a proportionate % cut by existing service line or an entirely new model? And within this do commissioners have specific views around value and funding allocation/cut for all/any specific element e.g. transport, befriending, I&A, building based services?
  - **We are commissioning for a new model. We are considering how we might allocate specific funding or % of delivery to some elements of the programme based on provider feedback and this information will be in the specification and tender documents**
- What will be the termination terms for Lead Provider/Contractor and sub-contractors and will there be a penalty attached for early termination?
  - **This information will form part of the draft terms and conditions, and will be in the tender documents**
- What is the proposed indemnification elements of the contract for the Lead provider, particularly against loss
  - **This information will form part of the draft terms and conditions, and will be in the tender documents**

#### Transport:

- There is a need for greater clarity around exactly what is needed and what exists
- Who has transport already and how it is used?
- How is transport coordinated?
- Will there be a set ringed fenced amount for transport? Bidders would like an indication of how much of the model should be focused on transport
- Clarity required over what transport requirements are (e.g. level of community transport?) Concerns that this is a large area to take on, therefore it might be helpful for BHCC to understand what they need first?
  - **It is clear in local feedback from both providers and from older people that transport (lack of and/or difficulty accessing) is the most significant barrier to older people being able to access health and wellbeing opportunities in their communities. We will be looking for innovative solutions from bidders and are considering whether to set a ring fenced amount of the budget for this purpose or set a ‘rough guide’ as to what proportion of delivery should be focussed on transport. This information will be in the specification and tender documents**

#### Comments on a Single Point of Contact (SPOC):

- Need to be transparent and open and look at nuts and bolts of process – a ‘no wrong doors approach’ & something that reduces barriers
- Discussion over low tech – should be straightforward for service users – ensure there is low tech option, but doesn’t have to be limited to only low tech
- Age range considerations with regards to tech & contract
- all partners involved
- Co-production
- Clarity around provision
- Matrix of provision
- Support to navigate the whole
- A single front door has to speak to breadth of diversity in the city
- It cannot inhibit the trusted relationships that already exist
- We can’t lose the trusted doors that exist
- Barriers to access is a big issue – the move to digital platforms has been a problem
- The SPOC should NOT be a website
- Affordability of access is an issue
- SPOC is not necessarily about structures – attitude /consistency / support: brand without losing identities
- We need to recognise how older people want to make connections / access
- If you aren’t going to put an indicative number on who comes through the single front door how are you going to assess value for money?
  - **Your feedback and comments on the SPOC are valued and will all be considered during development of the specification. We will be looking to the experience of bidders to suggest innovative solutions**

**General questions and comments:**

- What will be the level of input required for clients that are being “picked up” because no longer being assessed as in need via care act assessment?
  - **We do not expect the new service to carry out care act assessments. Any older person or their carer who may have care and support needs should contact [Access Point](#), the contact centre for Adult Social Care, to ask for an assessment.**
- It is a very uncertain environment - hard to know what will happen with physical assets e.g. parks

**For information:** The Ageing Well Service proposal will go to the Health and Wellbeing Board on the 12<sup>th</sup> June 2018 for approval to go to tender.

## **Appendix A: Full list of provider organisations that attended the workshop**

1. Possability People
2. Impact Initiatives
3. Age UK Brighton & Hove
4. Brighton & Hove Impetus
5. Volunteering Matters
6. Hangleton and Knoll Project
7. Somerset centre
8. LGBT Switchboard
9. Cranstoun
10. Albion in the Community
11. Brighton and Hove Food Partnership
12. Connect Health
13. T7 Technology
14. East Sussex Association Blind
15. Hilton Nursing Partners
16. Open Strings Music
17. Creative Future
18. Community Works
19. Trust for Developing Communities
20. Everyone Health
21. Brighton Housing Trust
22. Healthwatch
23. Time to Talk Befriending
24. Elder Abuse
25. British Red Cross
26. Arts Unwritten
27. Solutions 4 Health

## **Appendix B: Presentation to Providers Engagement Workshop**

## **Appendix C: Table top discussion questions**

