

Report to:	CABINET
Report of:	Strategic Director for People
Date of Decision:	17th May 2016
SUBJECT:	TENDER STRATEGY FOR RE-PROCUREMENT OF INTEGRATED PREVENTION SERVICES (C0218(R))
Key Decision: Yes	Relevant Forward Plan Ref: 001774
If not in the Forward Plan: (please "X" box)	Chief Executive approved <input type="checkbox"/> O&S Chairman approved <input type="checkbox"/>
Relevant Cabinet Member(s):	Cllr Stewart Stacey, Cabinet Member, Commissioning, Contracting & Improvement Cllr Paulette Hamilton, Cabinet Member Health and Social Care Cllr John Cotton, Cabinet Member, Neighbourhood Management and Homes
Relevant O&S Chairman:	Cllr Majid Mahmood – Health & Social Care Cllr Waseem Zaffar – Corporate Resources Cllr Zaffar Iqbal – Neighbourhood and Community Services
Wards affected:	ALL

1. Purpose of report:
<p>1.1 Cabinet on the 20th October 2015 approved the strategy for commissioning of Integrated Prevention Services. The award report was approved by the Cabinet Member for Commissioning, Contracting, and Improvement, and the Strategic Director for People on 22nd April 2016 who agreed to seek approval from Cabinet to go back out to market for services under Lots 2, 3, 4 and 5. These would be commissioned under a single service specification.</p> <p>1.2 The proposed contract awards will be for a period of 2 years and seven months with an option to extend for an additional two years subject to satisfactory performance and budget availability.</p>

2. Decision(s) recommended:
That Cabinet:
<p>2.1 Approves the procurement strategy for Integrated Prevention Services as set out in this report.</p> <p>2.2 Delegates authority for the award of contracts to the Cabinet Member – Commissioning, Contracting & Improvement together with the Strategic Director for People, following the procurement process. The contracts to be awarded for a period of two years and seven months commencing 1st January 2017.</p>

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3. Consultation

3.1 Internal

- 3.1.1 The Integrated Commissioning Board has been consulted and is supportive of the proposed strategy.
- 3.1.2 Officers from Finance & Legal Services and Corporate Procurement Services have also been involved in the production of this report.

3.2 External

- 3.2.1 Service users were involved in the development of the original service specifications and scoring of tenders. This included a facilitated workshop to co-design service specifications with service users and stakeholders, wider consultation events with potential providers and citizen panel briefings to ensure the proposal meets the needs of citizens.

Citizens remain fundamental to the future commissioning strategy and continue to support the final specification development and procurement. Following approval of this Cabinet report, it is our intention to work with the market and citizens to procure new services. This will include a number of facilitated workshops and briefing sessions to ensure that:

- the market understands the commissioning intention
- the market understands the reasons why the original procurement was unsuccessful
- the market is stimulated and tested appropriately
- new services and solutions are developed that reflect the needs of our stakeholders and citizens.

The Citizens Panel will continue to be consulted, having already contributed to the development of these commissioning intentions, the Social Value Framework and the Equality Analysis (EA). Specific responses from the Citizens Panel include the need to ensure that a diverse range of high quality services are commissioned that respond to the support needs of vulnerable groups. In particular, emphasis must be placed on ensuring that commissioned services promote independence and build community resilience. Furthermore, the commissioning approach will ensure those most in need have access to services and simplify the referral pathway.

4. Compliance Issues:

4.1 Are the recommended decisions consistent with the Council's policies, plans and strategies

- 4.1.1 The Integrated Commissioning Programme reflects the priorities identified in the Council's Business Plan and Budget 2016+. It prioritises vulnerable individuals in the most need who overwhelmingly live in areas of significant deprivation. The services are designed to reduce vulnerability and promote resilience through prevention and early

intervention. Services will target those below the assessed care and support eligibility threshold who, without intervention, would be highly likely to progress into the assessed care and support needs category, resulting in greater costs to the public purse.

Future commissioning will expand capacity in the model further by enabling those with assessed care and support needs and promoting the uptake of a 'Direct Payment' to access services. This will help reduce dependency on services and equip the market to better manage demand. To support these objectives commissioned services will:

- Deliver highly effective housing support and universal prevention services which both reduce the need for higher cost statutory and emergency interventions, and enable people to sustain independent living in their communities.
- Assist vulnerable people furthest away from the labour market to succeed economically, through support to gain access to employment, training and volunteering opportunities. Also of importance is support to maximise the income of residents who may be adversely impacted by welfare reform.
- Promote the health and wellbeing of vulnerable people and their children by ensuring access to appropriate holistic health care services.
- Provide a brokerage role that will manage demand in the pathway, prevent blockage and develop community resilience.
- Increase uptake of 'direct payments' and ensure cost effective support is sustainable.
- Ensure that safeguards are in place, enabling vulnerable people to live independently within their communities free from harm and repeat incidents of violence.
- Help address deprivation and inequalities and support the super diversity agendas for the City.
- Support the City Council to deliver the prevention requirements of the Care Act 2014.
- Ensure citizens voice is at the heart of the services we commission and address the barriers that cause migration into the assessed care and support needs market; consequently increasing the burden on the local authority statutory budget.

Compliance with the BBC4SR is a mandatory requirement that will form part of the conditions of this contract. Tenderers will be required to submit an action plan as part of their tender submission and this will be evaluated in line with the criteria outlined in paragraphs 5.13 and 5.14 of this report. Implementation and monitoring of action plan commitments will be agreed with the successful tenders prior to contract award.

4.2 Financial Implications

4.2.1 The proposed fixed fee contracts will be for an initial period of two years and seven months from 1st January 2017 to 31st July 2019. This will mean that all lots included in the original integrated prevention services strategy end on the same date. There will be an option to extend for a further two years subject to satisfactory performance and future budget availability. All contracts will contain a break clause allowing contracts to be terminated by either party with three months' notice, should this be required because of reductions in future Council funding, under performance or for any other valid reason. In 2016/17 the award report for other areas of Prevention Services agreed to extend the existing contracts for the services covered by this report for 9 months. As set out in Appendix 1, the estimated cost in 2016/17 will be £2.628m. The maximum cost of the life of the new contract is estimated to be £2.400m per annum.

4.2.2 The total costs of the services included within this procurement will be contained within the budget for Universal Prevention Services totalling £4.200m. The £2.400m funding proposed within this procurement is consistent with the savings programme set out in Appendix 6 of the Council Business Plan and Budget 2016+.

4.3 Legal Implications

- 4.3.1 The Council may exercise powers under the Care Act 2014 together with associated legislation and guidance relating to the provision of services to meet the need for care and support as well as prevention and services to promote wellbeing.
- 4.3.2 Under Section 111 of the Local Government Act 1972, a local authority has the power to take action which is calculated to facilitate, or is conducive or incidental to, the discharge of any of its functions and therefore has a general power to enter into contracts for the discharge of any of its functions.
- 4.3.3 Consideration of how this project might contribute to achieving the Council's priorities and improve the economic, social and environmental well-being of the relevant area was discussed between Mark Roscoe, Commissioning Manager and the relevant stakeholders affected by Universal Prevention Services. This is reflected in the requirements, being relevant and proportionate to the overall contract. Additional stakeholder consultation was not required to achieve this.

4.4 Public Sector Equality

- 4.4.1 A full Equalities Assessment (EA) was carried out in September, 2015 and highlighted minimal adverse impact. Under the original procurement exercise, the awards of Lots 1, 6 and 7 and the recommendation to extend those contracts that are affected by not awarding Lots 2, 3, 4 and 5 whilst we go back out to market, highlights some impact; which will be managed during mobilisation. The EA will continue to be a live document and will be supported by a risk register to monitor impact and mitigate against any risks.
- 4.4.2 If we do not procure services effectively that meet the current demand there would be a risk that there would be increased and unnecessary demand on adult social care. This is mitigated by firstly extending contracts in the interim period whilst we procure new services and secondly procuring an integrated universal offer that builds community resilience and promotes independence. The fundamental principles of future procurement include:
- An integrated pathway approach that will maximise the effectiveness of the available financial resources to achieve the best outcomes for vulnerable citizens
 - A new service will focus on relationship building of both citizens and their community to be able to do more for themselves
 - The alignment of 'Direct Payments' will ensure that future capacity in prevention services are not taken by those with a assessed care and support needs. Those commissioned to provide prevention services will also need to have the capacity to provide an enhanced service for those that have a 'Direct Payment', therefore helping to manage the demand in Adult Social Care.
- 4.4.2 All providers will be required to maintain minimum standards relating to fair access and exit as part of the Birmingham Standard (quality assurance framework). Contractual compliance with the standard will be tested by commissioners alongside accredited Lay Assessors (service user leads). Diversity data is also routinely collected by the Council in its contract monitoring role and this will continue for the new contracts.
- 4.4.3 The EA will be updated at the point of contract award and mobilisation, should there be specific issues that arise which require attention at that stage. However, at this stage it is not possible to predict these impacts. As part of the re-commissioning the relevant risk logs/action and ongoing monitoring plans will be put into place in order to identify any possible adverse impacts and any mitigation.

5. Relevant background/chronology of key events:

- 5.1 Nationally, policy documents for a number of years, such as the Parliamentary Select Committee report on Supporting People in 2009, have supported the view around the benefits of continued investment in prevention and early intervention services. At a local level, prevention services currently support approximately 20,000 people in Birmingham to remain independent and continue to live in their homes. The provision of prevention services also directly supports the objectives of the Future Council Programme by offering the potential to reduce demand and expenditure on more costly Social Care and health interventions.

Prevention services costs less than residential care and a key objective is to reduce the number of older adults requiring residential care. The average cost of such care is £522 per week and £27,144 per year per citizen (Report on Adult Social Services Expenditure 2009/10, York Consulting). Whilst data is limited in terms of the number of citizens that transition into adult social care following the removal of prevention services, research suggests that the potential cost savings that can result from commissioning prevention services are centred on enabling independence among vulnerable adults with low support needs, which in turn reduces demand on residential care.

The current prevention services support over 20,000 citizens at the cost of £4.2m. Whilst the budget is being reduced to £2.4m it is expected that the future model would still support 15,000 citizens given the approach shifts from a dependency model to building community resilience and independence. This would reduce cost per head of population engaged in services. Additionally, even with a conservative estimate that the model would be preventing 100 Citizens accessing residential care, would realise savings associated with the costs of residential care which equate to £2.7m; this realises efficiencies of £0.5m per year alone.

- 5.2 It should also be borne in mind that in the context of the significant existing and ongoing reductions required of the City Council's budget, prevention services, such as those that are the subject of this report, provide one of a few, positive, opportunities to support a wide range of vulnerable service users to help increase their resilience, maintain or extend independence and to avoid or reduce the need for higher costing statutory services.
- 5.3 Therefore a key element of the proposed new commissioning intentions is the further development of accessible customer pathways into and out of a wide range of prevention services. The objective is to make the service user journey effective by developing pathways across the range of prevention services. This approach will assist citizens to access, as required, a range of related services and provide an opportunity to offer appropriate early intervention if the support requirements of individuals changes or escalates. It also enables the development of community resilience and removes dependency on more expensive social care in the long term as citizens are supported to manage their own health and wellbeing in their own home for as long as possible.
- 5.4 Cabinet on 20th October 2015 approved the strategy for commissioning of Integrated Prevention Services. The award report was approved by the Cabinet Member for Commissioning, Contracting, and Improvement, and the Strategic Director for People on 22nd April 2016.

- 5.5 There were a number of concerns that led to the recommendation to not award a contract under the existing procurement cycle and these were set out in the Integrated Prevention Services Awards report referred to in Paragraph 5.4. The Council is still committed to support the third sector and utilise their expertise to provide support for those below the assessed care and support eligibility threshold. The revised specification will incorporate the original priorities proposed for those Lots affected, and also develop links to the Council priority of increasing uptake of direct payments, whilst ensuring vulnerable adults who access primary prevention services are those just below the assessed care and support eligibility threshold and would urgently require more expensive care if these services were not provided. This will ensure value for money and more effective utilisation of the available budget.
- 5.6 The development of a revised single specification will deliver against the original priorities of reducing dependency and creating community resilience. Moving forward, it will also include a broader prevention focus across vulnerable citizens that are most at need and increase utilisation of direct payments for those with an assessed need. In turn, this will help reduce demand on adult social care in the long term and manage more immediate pressures by ensuring that the sector has an adequate range of resources to meet the needs in Birmingham for those below and above the assessed needs threshold.
- 5.7 The specification will enable Service Providers, who will work in partnership with the Council and other stakeholders to provide an intergraded hub. The hub will form the central element of the new prevention service and will be part of an integrated approach to provide a clearer and holistic pathway for citizens accessing prevention services. The hub will be managed and coordinated by a service provider(s) working with community and partner organisations providing an integrated approach to services for vulnerable groups of people who are identified as requiring prevention services. The hub may be positioned in a number of communities to meet local need by utilising existing community assets, but also may be telephone and online based. The hub will include a community brokerage service and access to a wide range of sub contracted providers who will meet the needs of the vulnerable adults.
- 5.8 Consultation will take place with the voluntary organisations to market test the new specification as part of a coproduction approach, ensuring that the organisations are clear around the aims of the approach and there is a focus upon the specific target groups. Organisations will be supported to understand the requirement for innovative services, providing clarity to the integrated approach and demonstrating value for money. This will increase the quality of bids and drive up the quality of tender returns. This will ensure we commission a model that addresses the financial pressures the Council faces by reducing the demand on services. It will also reduce the blockage in current services that is created by a dependency delivery model and provide the opportunity for those with the greatest need to gain support. The model will refocus on facilitating more resilient communities and promote independence. Consultation and community engagement through a coproduction approach will ensure these address the specific needs in local communities.
- 5.9 The model description is outlined in a single service specification (Appendix 2) to ensure we commission an integrated pathway that improves accessibility to support services through the multiple programmes that are offered within the integrated model. The specification outlines Lots a, b and c, which are described below. This means that providers tendering could potentially apply to deliver one or all Lots. This ensures we commission the best organisations to deliver support at a local level and not constrict the market by procuring one organisation. The preferential model would be a consortia approach.

Vulnerable adults hubs (Lot a)

A single point of access and citizen centralised pathway that provides an integrated approach to services and timely support. It is expected that multiple Hubs will be established across local communities that include buildings (utilisation of community assets), telephone or online approaches, in order that vulnerable adults, carers and professionals have a referral point that meets the needs of the vulnerable adults in their own community. The hub would ensure a range of services are available locally for those with the greatest need, with a focus on protecting prevention services that build resilience and promote independence, which in turn stop them transitioning to more expensive adult social care.

5.10 Community Brokerage Service (Lot b)

The community brokerage service will manage demand and support citizens to move through the system with a focus on reducing dependency and ensure citizens have the appropriate level of intervention that enables them to remain in their own home with limited support and care; therefore providing an effective primary prevention offer. It will also identify those who have an assessed eligible need for care and support and have chosen to take their personal budget as a Direct payment to avoid taking capacity from prevention services and instead ensure they receive the appropriate level of care. The specification will be considered in the light of the Framework Agreement for Direct Payment Support Services.

5.11 Primary Prevention services (Lot c)

Primary Prevention Services will be accessed via the Hub and Brokerage which would support those citizens that without intervention now, would require longer term more expensive adult social care. These services would:

- Enable organisations to deliver new, innovative programmes that improve health and wellbeing. Funding will not be granted to offset previous loss in funding or existing models of delivery and instead should focus on facilitating innovation through seed funding that enables long term community improvements in health and wellbeing that are not solely reliant on Birmingham City Council funding.
- Capture innovative practices which promote early intervention and prevention utilising the assets of both communities and individuals.
- Deliver the Adult Social Care offer for vulnerable people; this includes a service offer for self - funders and people on direct payments.
- Include a proof of concept test for a third sector community based support planning and brokerage service to support and increase the take up of direct payments.
- Enable a model that facilitates Citizens to cluster purchasing of services at a local level where demand of activities is reflective of citizen interest. This will enable those purchasing activities via their direct payments to stimulate the market as appropriate and drive quality improvements.
- Develop and support the market to ensure a clear understanding is in place that meets the priorities set at the local authority.
- Be procured within the existing financial envelope already approved but include the additional six month extension of contracts of existing services to mitigate against increase demand that could be required if services were decommissioned whilst new services are commissioned.

5.12 The Council will undertake open market tendering activity in order to procure prevention and early intervention services specified above. The timelines are set out below:

Issue tender documents:	End May 2016
Tender returns:	Mid July 2016
Evaluation:	Mid July- August 2016
Clarifications:	End August 2016
Award Report to DPR:	September 2016
Mobilisation Meetings:	October - December 2017
Contracts start:	1st January 2017

- 5.13 It is proposed that these three Lots will be advertised in the Official Journal of the European Union, Contracts Finder and Findit in Birmingham using the “Open” route to attract a range of providers from within this limited market. Tenderers will be invited to indicate the amount of work which they would be able to deliver in each area and the number of successful providers appointed would be determined by this capacity and the scoring set out below. Evaluation of the award criteria will be carried out by officers from People Directorate and representatives from the Citizen panel with support from Corporate Procurement Services. Lot a – Centralised Hub and Lot b – Community Brokerage bids will be scored on a price / quality / social value ratio of 20%/60%/20%. The quality and social value elements will have a minimum 50% threshold for all questions; this means a minimum score of 2 out of 4 must be scored on all questions. The table below gives the indicative key criteria on which the Tenderer’s submission will be evaluated.

Mandatory Criteria	Weighting %	Sub-Criteria	Weighting %
Price	20%	N/A	N/A
Quality	60%	Method Statement Outcomes based delivery Diversity competence Performance Management & Validation Infrastructure Safeguarding	30% 10% 10% 20% 15% 15%
Social Value	20%	Local Employment Buy Birmingham First Partners in Communities Good Employer Green and Sustainable Ethical Procurement	25% 15% 35% 15% 5% 5%
	100%		

- 5.14 Lot c – Primary Prevention Services bids will be scored on a quality / social value ratio of 80%/20%. As bidders will be offering services based on broad outcomes rather than to a specific specification, it will not be possible to do a meaningful comparison on the specific value, but of the quality, 15% would be made up of value for money (VFM) questions in terms of management costs, profit margin, number of citizens supported etc. The quality and social value elements will have a minimum 50% threshold for all questions; this means a minimum score of 2 out of 4 must be scored on all questions. The table below gives the indicative key criteria on which the Tenderer’s submission will be evaluated.

Mandatory Criteria	Weighting %	Sub-Criteria	Weighting %
Quality	80%	Method Statement Outcomes based delivery Diversity competence Performance Management & Validation Infrastructure Safeguarding Value for money	25% 10% 10% 20% 10% 10% 15%
Social Value	20%	Local Employment Buy Birmingham First Partners in Communities Good Employer Green and Sustainable Ethical Procurement	25% 15% 35% 15% 5% 5%
	100%		

5.15 Contracts will be let for a period of two years and seven months with an option to extend for a further two years, subject to performance and compliance with the contract terms and conditions and budget availability. This will bring the commissioning process in line with the original procured services across Integrated Prevention Services.

5.16 Future Contracting Methodology

5.16.1 Contract management is the responsibility of the Service Director Commissioning Centre of Excellence. Monitoring will be quarterly and will focus on achieving contractual requirements and quality. A combined approach will be taken to the assessment of both quantitative data, which includes analysis of KPIs, contractual hours delivered, outcomes delivered, a quality assurance grading (for needs assessment and support planning, safeguarding, health and safety, user engagement and fair access) and also qualitative data i.e. service user feedback obtained via accredited lay assessors. Monitoring will also include adherence to the Business Charter Action Plans.

5.16.2 Payment will be made based on two factors :

- 1: Payment by utilisation, based on 90% of the contract value
- 2: Payment by outcomes based on remaining 10% of the contract value

1: Contract Utilisation - Ninety percent (90%) of the total contract value will be paid on a quarterly basis as defined by individual contracts. These payments will be made on the basis that the service is delivering a minimum level of 95% utilisation (actual achievement) of the agreed outcome thresholds outlined in each contract, for example the number of hours of prevention services offered.

Should the reported outcomes fall below this threshold at any performance quarter of the contract year, payment of the 90% element will be reduced by a factor reflecting the operational level being utilised compared to the contractual requirement of 95% as per the table below.

Utilisation	Payment
95%+	90%
94%	89%
93%	88%
92%	87%
91%	86%

If utilisation rates below the contractual requirement of 95% fluctuate between quarterly reporting periods, payment will be adjusted to reflect the overall utilisation achieved up to that period.

Utilisation	Payment
90%	85%
89%	84%
88%	83%
87%	82%
86%	81%

Should a provider have been operating below a 95% utilisation rate during the contract year but by the end of the contract year achieve the overall required utilisation rate of 95%, payment will be adjusted for the final appropriate payment period so that the full 90% annual contract value is paid. This recognises that citizens with complex needs will require variable levels of support throughout the year and the level of support that is required may vary dependent on the type of services that are offered.

- 2: Payment by outcomes - The ten percent (10%) balance due on the annual value of the contract will be paid in the first full payment period following the end of the contract year. This 10% payment will be based on the successful delivery and validation of outcomes within the payment by results process.

Full successful delivery on the set outcomes will lead to full payment of this 10% balance. This payment by outcomes element will reduce dependent upon the level of success reported and validated in achieving the set targets. Detailed below are the levels at which this final payment will be calculated and made:

- Outcomes achieved 80% or above full 10% of annual contract value is payable.
- Outcomes achieved 60% - 79% 7.5% of annual contract value is payable
- Outcomes achieved 40% - 59% 5.0% of annual contract value is payable.
- Outcomes achieved 20% - 39% 2.5% of annual contract value is payable.
- Outcomes achieved 19% or below no additional payment is payable.

Possible outcomes will vary dependent on the services provided but must be able to demonstrate the overall outcomes set in the commissioning intentions of reducing dependence and preventing citizens from needing access to adult social care.

Example outcome:

Number of service users who have established or maintained independent living as a percentage of the total number of service users who have accessed the service. Indicative target 98% i.e. only a maximum of 2% going into complex care.

5.17 Contract Mobilisation

Previous experience of the contract mobilisation period demonstrates that this can be a complex process and may be unsettling for service users; learning from previous experience will be called on to minimise disruption and to ensure contracts are mobilised efficiently and with minimum distress to citizens.

6. Evaluation of alternative option(s):

- 6.1 Doing nothing, allowing contracts to expire is not a viable option as it will have a negative impact on vulnerable people and the demands on adult social care. Both Supporting People and Universal Preventative Service models are an effective prevention programme and have been shown to help reduce crime, and other higher cost statutory responses e.g. homelessness and hospital admissions, help delay or prevent referrals into long term residential care, Public Health and Children's Services.
- 6.2 The extension or retention of existing services without any change is also not a viable option. This is not a closed market and there are other potential providers. There are also new services to be commissioned which must be subject to tendering and must be delivered within the available resources. It is also not a viable option as it may breach the Public Contract Regulations 2015.
- 6.3 One lead contractor with a supply chain may affect the diversity of the marketplace by reducing the number of suppliers within the chain, which may also result in cherry picking of clients, affect client choice and the innovation that is currently offered through bespoke service delivery.
- 6.4 Framework Agreements with each individual support plan being put out to competition would be difficult and resource intensive as an individual assessment by the Council will need to be carried out. In addition emergency and immediate access requirements will come from a range of sources including self-referrals, voluntary agencies etc.
- 6.5 Re-procurement of a new model under a single service specification would enable a simplified referral pathway, brokerage that address dependency and ensures the most appropriate care packages are offered together with more effective primary prevention programmes. These prevention programmes would focus on increasing capacity in the system, reduce demand for more expensive adult social care and reduce dependency.
- 6.6 Restructuring the Lots in tendering the services will develop a coordinated approach of provision for vulnerable adults that removes the commissioning of silo services and bringing together partner organisations to provide an integrated and clear pathway for vulnerable adults.

7. Reasons for Decisions (s):

- 7.1 To give approval to re-procure under a single service specification, services previously associated with Lots 2, 3, 4 and 5 of the Integrated Prevention Services pathway that will better address the Council's priorities. This would ensure that we maintain appropriate levels of support in the community to reduce the burden on more expensive adult social care that those accessing these services are likely to require in the long term if these services are not available. A single specification would also facilitate the introduction of a more innovative, cost effective model that better manages demand for prevention services and adult social care.

<u>Signatures</u>	<u>Date</u>
Peter Hay Strategic Director for People
Cllr Stewart Stacey Cabinet Member Commissioning, Contracting and Improvement
Cllr Paulette Hamilton Cabinet Member Health and Social Care
Cllr John Cotton Cabinet Member Neighbourhood Management and Homes

List of Background Documents used to compile this Report:
1. Integrated Prevention Services Strategy Report Cabinet Report 20 th October 2015
2. Integrated Prevention Services Awards Report Cabinet Member report 25 th April 2016

List of Appendices accompanying this Report (if any):
Appendix 1 Summary of costs
Appendix 2 Draft service specification

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Appendix 1 Summary of Costs

Summary of costs for a new 2 year 7 months contract award and the original extensions granted on 22nd April Award report.

Client Group	9 month extension cost (Existing contracts) 01/04/16 – 31/12/16	3 month award cost (New Contracts) 01/01/17 – 31/03/17	Total 2016/17 cost	Full Year Award Value (New Contracts) – (2017/18 & 2018/19)	4 month cost (New Contracts) 01/04/19- 31/07/19
Procurement of the original Lots 2, 3, 4 and 5 under one service specification	£2,028,738	£600,000	£2,628,738	£2,400,000	800,000

*This does not include contracts awarded for Lots 1, 6 and 7 which are contained in the Award report approved on 22nd April