



## London Borough of Enfield

<b>Report Title</b>	Procurement for the Prevention and Early Intervention Services
<b>Report to</b>	Cabinet Member for Health & Social Care, Cllr Alev Cazimoglu
<b>Cabinet Member</b>	Cabinet Member for Health & Social Care, Cllr Alev Cazimoglu
<b>Executive Director / Director</b>	Executive Director of People, Tony Theodoulou Director of Adult Social Care, Doug Wilson
<b>Report Author</b>	Nancie Alleyne
<b>Ward(s) affected</b>	All
<b>Key Decision Number</b>	KD 5796
<b>Classification</b>	Part 1 & 2 (Para 3)
<b>Reason for exemption</b>	Information relating to the financial or business affairs of any particular person (including the authority holding that information).

### Purpose of Report

- 1 This report seeks approval to undertake a procurement process to award five (5) contracts for Prevention and Early Intervention Services. Currently, these are delivered by the Voluntary and Community Sector (VCS) via 10 existing contracts, which are due to expire May 2025. Service Specifications have been developed to cover the requirements of the 5 new service contracts. It is envisaged that the newly procured services will commence in June 2025.
- 2 The newly proposed services are intended to reflect current and future local and national drivers to better support independence, choice, and control and to prevent people needing social care support, in line with the Council's statutory obligations.

## **Recommendations**

### **3 Cabinet Member:**

- to grant approval to procure the newly re-modelled services, as individual Lots, with the aim of the Council entering into 5 individual contracts for the Prevention and Early Intervention Services, as follows:

#### **Lot 1: Supporting Unpaid Carers**

#### **Lot 2: Supporting Independence through Information & Advice Digital Inclusion & Assistive Technology**

#### **Lot 3: Supporting Independence through Advocacy & Inclusion**

#### **Lot 4: Supporting Independence & Inclusion Through Early Intervention**

#### **Lot 5: Home from Hospital Supporting Community Recovery**

- To grant approval that the 5 new contracts are procured for an 'initial 3 years commencing from 01 June 2025 to 31<sup>st</sup> May 2028 with two optional extensions for 3 years, 31<sup>st</sup> May 2028 and 31<sup>st</sup> May 2031 subject to satisfactory performances and the terms of the contracts. This would be subject to a separate a Key Decision report to award the contracts following successful completion of the procurement process.

## **Background and Options**

- 4 The aim of the Council's Prevention and Early Intervention Services are to support the delivery of Enfield Council's statutory duties under the Care Act 2014; to promote wellbeing of residents and provide services that prevent or delay the development of needs for care and support.
- 5 These duties are set out in s.1 & s.2 Care Act 2014, s.2 of which specifies that the Council must provide or arrange for the provision of services, facilities, or resources, or take other steps, which it considers will;
  - contribute towards preventing or delaying the development by adults in its area of needs for care and support
  - contribute towards preventing or delaying the development by carers in its area of needs for support
  - reduce the needs for care and support of adults in its area
  - reduce the needs for support of carers in its area
- 6 Prevention and Early Intervention Services in Enfield will ensure the Council discharges its statutory duties by ensuring that people who live in Enfield:

- Receive services that **prevent** their care needs from becoming more serious or delay the impact of their needs.
  - Can get the **information and advice** they need to make good decisions about care and support.
  - Have a **range of provision** of high quality, appropriate services to choose from to support their independence, health, and wellbeing.
- 7 These services are further intended to support the Council to deliver on national and local priorities relating to prevention and early intervention; and to respond to future legislation, population demand, continued public sector financial constraints and current and future demand for Adult Social Care Services (ASC).
- 8 Prevention and Early Intervention Services support residents to access the right information and support, at the right time. This means that people live independent lives, for longer, with good outcomes and without the need for more intensive support from health or social care. Without these services, residents would not be supported to achieve positive outcomes and there would be greater demand on Adult Social Care as more people would be in need of support.
- 9 In December 2017, the ASC Service Development Team commissioned: four Voluntary and Community Sector (VCS) contracts for Prevention and Early Intervention Services. Outcome 1, 2, 4, and 5. Two further contracts were awarded in 2021 and 2022. Outcome 6, and 3. These contracts replaced the ASC Voluntary Sector and Community funding process.
- 10 The six Outcome contracts are set out below:

<b>Outcome 1</b>	Helping People Continue Caring
<b>Outcome 2</b>	Supporting vulnerable adults to remain living healthily and independently in the community including avoiding crises -
<b>Outcome 3</b>	Supporting people to improve their health and wellbeing/improving self-management
<b>Outcome 4</b>	Helping Vulnerable Adults to have a voice
<b>Outcome 5</b>	People recover from illness, safe and appropriate discharge from hospital
<b>Outcome 6</b>	Increased and improved information provision

- 11 Each of the contracts are based on specific outcomes to be achieved in accordance with their individual specification. The services are focused at supporting vulnerable people in the community, and helping them to help themselves to live safe, healthy, and independently within their home. A sub-contracting approach was encouraged at the time of the first tender in December 2017 with one organisation acting as Management Lead.
- 12 The above contracts were all due to expire on 30<sup>th</sup> November 2024.

- 13 In January 2023, the Service Development Team recommissioned Autism Support Services for adults. This contract is for 22 months and is due to expire on 30th November 2024, aligning the contract term to the existing Outcome contracts as autism support is within the scope of Prevention and Early Intervention.
- 14 In October 2023 the organisation contracted to provide services through the Outcome 4 went into liquidation. This left their sub-contractors out of contract with no provision for the service to continue. As a result, Enfield Council entered into 5 individual direct award contracts with each sub-contractor via a Waivers, which runs parallel with the expiry term of the other Prevention and Early Intervention Outcome contracts. The number of Outcome Contracts expanded from 6 to 10 and are all due to expire on 30<sup>th</sup> November 2024.
- 15 Following a 7-year contract arrangement the service models associated with the current specification of the above contracts needs to be adapted in line with changes in the borough's demography, diversity, and service gaps. Extended time was needed to effectively engage with local people and to co-produce new specifications that deliver services which can better support ASC priorities. Because of this the 10 Outcome contracts were extended for a further six months to 31<sup>st</sup> May 2025.
- 16 Stakeholder engagement took place seeking feedback from service users, professionals, and providers. The first market engagement took place through online and in-person events plus feedback through a Soft Market Test Questionnaire from November 2023 to January 2024. An additional phase engagement also took place through a follow up questionnaire in June-July 2024. All engagements resulted in providing valuable inputs to remodel the services and design in a way services can address the new democratic make-up of the borough.
- 17 Following the completion of the engagement processes, ASC is now seeking approval to re-procure new Prevention and Early Intervention Services. 5 new specification are being developed that will provide an opportunity for ASC to redesign services to better meet the demands of the community and to refresh its relationship with the voluntary sector.
- 18 Through the new service model, we intend to achieve the following outcomes:
  - *Enabling Independence*: Residents will maintain as much independence as possible by adopting a strength-based approach to improving their quality of life.
  - *Feeling Safe & Secure*: However, there will be an appropriate balance between managing risk, choice & safeguarding for individuals and for others; and residents should feel that support is provided as safely & securely as they need.
  - *Being Healthy and living Well*: Residents will be facilitated and supported to be as healthy and live as well as they can. This aim also includes,

promoting exercise, dietary advice and/or the provision of food where necessary.

- *Treated with Dignity & Respect in a Person-Centred Way:* Residents will always be treated with dignity in a way that respects their individual social, cultural, ethnic, religious etc.
- *Having Company & Contact and Feeling Engaged:* Residents will be facilitated to have as much company & contact with others as they feel they need and are facilitated to take part in activities and interests that are important to them, including in the wider community.

19 Outlined below are the key areas being developed to deliver future Prevention and Early Intervention services.

<b>Area 1</b>	<b><i>Supporting Unpaid Carers</i></b> The overarching aim of this area is to identify, reach and provide accessible information and services to unpaid carers, so that they feel supported in their caring role and their health and wellbeing is maximised
<b>Area 2</b>	<b><i>Supporting Independence through Information &amp; Advice, Digital Inclusion &amp; Assistive Technology</i></b> The overarching aim is to ensure people have access to the clear and personalised information and about key health, social care, and Voluntary Community Sector services. This will enable people to make informed decisions about the services they receive to support their independence, health, and wellbeing
<b>Area 3</b>	<b><i>Supporting Independence through Advocacy and Inclusion</i></b> The overarching aim of this contract is to improve accessibility and provision to advocacy for people and their carers in Enfield. People will be supported to be independent and have choice and control of all decision-making that impacts their lives and in achieving their full potential.
<b>Area 4</b>	<b><i>Supporting Independence &amp; Inclusion Through Early intervention</i></b> The aim of this service is to identify and reach key groups. At risk of escalating need, provide suitable, early Interventions to maximise independence
<b>Area 5</b>	<b><i>Home from Hospital Supporting Community Recovery</i></b> The aim of this service is to facilitate recovery from illness and successful hospital discharge through the provision of high-quality support in the home, so that people are confident and able to discharge from a hospital setting and live independently in the community. It is envisaged that this contract will be jointly funded with the Integrated Care Board (ICB) through the Section 75 budget

20 The new specifications as highlighted above are driven by Council and ASC Supporting Independence Strategy priorities, and gaps in service provision. This is informed by evidence from the VCS Provider Market Engagement Session held in November 2023, and in June 2024, and the residents and co-production work undertaken by Strategy and Resources officers in July 2024.

- 21 As a result of the broad range of areas and scale of provision, the VCS Providers will be encouraged to work collaboratively together. Additionally, ASC will again encourage the formation of sub-contracting to foster partnership approaches. This will enable us to better deliver the key outcomes of the services and to maximise the valued contributions of smaller organisations, who are able to reach out to communities who experience barriers and/or are less likely to engage in services. This will also support ASC to deliver services that ensure residents have choice, control, and support to live independent lives, can access outstanding quality and tailored care and support service and information and advice.
- 22 A networking event is being arranged to help facilitate the above approach to partnership formulisation. The Institute of Public Care will facilitate a half-day session aimed at potential bidders who may have an interest in forming partnerships. The session aims to allow organisations share their skills and experience and to look at where synergies in work can complement a partnership approach when developing a tender bid.
- 23 A high-level indicative timetable showing the necessary steps to commencement of contracts is shown below. Following tender evaluation and moderation, the appropriate governance arrangement will be followed to award the contracts.

<b>Phase / Activity</b>	<b>Duration / Dates</b>
Finalise procurement documents and market engagement	August/September 2024
Issue SQ (Pre-Qualification) & Draft Invitation to Tender documents	Early October 2024
Selection Questionnaire Evaluation & Moderation	November/December 2024
Issue Invitation to Tender and preparation of Tenders	Early January 2025
Tender Evaluation & Moderation	February / March 2025
Governance / Award	March/April 2025
Commencement of Contracts	1 <sup>st</sup> June 2025

### **Preferred Option and Reasons for Preferred Option**

- 24 These services safeguard vulnerable individuals and ensures they receive fair and equitable treatment. The preferred option is to expose Prevention and Early Intervention Services to the open care market through a competitive tendering exercise. This will inject healthy competition and ensure value for money and quality of services to residents as well as further enhancement through new specifications and contractual arrangement.
- 25 Adult Social Care has a duty under the Care Act 2014 to provide advocacy and Carers support services to residents within the Borough. The Care Act 2014 also places responsibility on local authorities to prevent or delay the escalation of support and care needs and sets out the requirement for local

areas to work with their communities to provide or arrange services that keep people independent and well. This includes the National Disability Strategy which covers a commitment to support people to live independent lives through the active encouragement of initiatives that support disabled and other vulnerable groups to have choice and control in their lives.

- 26 Enfield's pressurised health and social care workforce have been put under increasing pressure as a result of shrinking budgets and the contributions of voluntary groups and volunteers to support those in most need has soared. They play a vital role in helping people to live independently and work together to support the Council's Prevention and Early Intervention agenda and our aim is to continue to work with our VCS community to support vulnerable people and people with disabilities to continue to live independently whilst holding prevention, co-production and strength-based perspectives at the core of how we achieve this.

### **Relevance to the Council Plan**

27 **Good homes in well-connected neighbourhoods:**

A collaborative approach to delivering localise preventative support, targeting vulnerable people living within the most deprived wards in the borough.

#### **Safe, Healthy and Confident Communities**

Focus on helping people to look after themselves and/or the people they care for.

Improved well-being of borough communities and provide guidance and support to maintain self-help.

#### **An economy that works for everyone**

The services provided offer support and guidance to some of our most excluded and challenged communities and will continue to do so during the term of the new contracts.

The Voluntary Sector is one of Enfield's strengths, providing support to our many specific communities where statutory provision uptake is limited. Such organisations also provide a cost saving to statutory service budgets by supporting people within their community and ensure health and wellbeing are maintained and/or improved. These organisations also help prevent social isolation of some of our most vulnerable residents by providing social activities, information, and face to face contact.

Sound value for money basis when considering the output/outcomes generated.

## **Financial Implications**

28 See Part 2

## **Legal Implications**

- 29 The Care Act 2014 places a duty on local authorities to provide or arrange services, facilities or resources that will help to prevent or delay adults from developing needs for care and support. In complying with these duties, a local authority must have regard to the importance of identifying services, facilities, and resources already available in their area. Procuring and contracting with service providers will help the local authority to deliver services and comply with its duties under the Act.
- 30 Legal Services understands that the aggregate value of the procurement across all 5 Lots (and potentially the value of any individual Lot) is above the threshold at which the relevant thresholds for the public procurement regulations to apply (being the Provider Selection Regime which came into effect on 1 January 2024 for procurements in the health and social care sector like this, and either (i) the Public Contracts Regulations 2015 or (ii) if the procurement exercise is commenced after 28 October 2024 then the Procurement Act 2023. Therefore, the procurement must be conducted in accordance with such regulations. Contracts with a value of or above £500,000 need to be sealed in accordance with the Council's contract procedure rules.

## **Equalities Implications**

- 31 These services are there to support vulnerable people who are already disadvantaged. These services ensure that those who require care and support continue to be supported within the community they live in safely and supports them to maintain their independence.
- 32 A EQIA for the new Prevention Services will be developed and organisations awarded the new contracts will be expected to collect a range of equality data as part of the monitoring process which will be reported on.

## **Public Health Implications**

- 33 The continuance and consolidation of demonstrably effective early intervention and prevention services are aligned with the broad intended outcomes and philosophies of LBE's current Joint Health and Wellbeing Strategy and its successor strategy which is progressing through its statutory approval process.
- 34 This is equally true of the Population Health Strategy of our NHS ICB partners which provide the health service context in which our own prevention activity and planning operates.



- 35 The proposed contract extension[s] would serve to continue this alignment and we note the focus on outcomes which also would be of utility in terms of contributing to the Shared Outcome Framework developed by our ICB partners and which will be utilised by the action planning phase of the JHWBS.

There no further Public Health implications noted at this time.

### **Procurement Implications**

- 36 Procurement Services supported the service department to undertake Market Engagement, which comprised two phases. This has enabled the proposed services to be redesigned and re-modelled.
- 37 Any procurement must be undertaken in accordance with the Council's Contract Procedure Rules (CPR's), the Public Contracts Regulations (2015) and the Council's Sustainable and Ethical Procurement Policy. This procurement project will be taken through the Council's Procurement Services Assurance Process. Therefore, a Gate 2 (Procurement Strategy) Report shall be presented for endorsement prior to procurement launch.
- 38 At the end of the sourcing process, authority to award the contracts will be sought in line with the CPRs and Council's Governance. The Service Area shall ensure this procurement activity takes place via the Council's e-Tendering portal and will be promoted to the Council's Contract Register, and the upload the executed contracts.
- 39 The awarded contracts will be promoted to Contracts Finder to comply with the Government's transparency requirements.
- 40 In accordance with the Councils CPRs, the service must ensure that a Contract Manager is nominated and allocated to the procurement once uploaded onto the LTP, and that the monitoring requirements are adhered to, including evidence of regular contract reviews.
- 41 The CPRs state that contracts over £100,000 must have a nominated contract owner in the LTP, and for contracts over £500,000 there must be evidence of contract management, including, operations, commercial, financial checks (supplier resilience) and regular risk assessment uploaded into the LTP.
- 42 Given the subject matter and value of the forthcoming contract, robust contract management will be required.

### **Safeguarding Implications**

- 43 The Enfield Safeguarding Adults Strategy 2023-2028 sets out the need to reduce social isolation, engage with our community to promote a culture

where abuse and neglect are not tolerated, and people are supported to protect themselves from harm.

- 44 There is a link between social isolation and the increased risk of vulnerability and abuse. The Prevention and Early intervention contracts will support provision of information and advice, help to maintain independence, and work with unpaid carers, all of which can reduce risks. The specific outcome of “feeling safe and secure” will ensure that the Prevention and Early Intervention services maintain a focus on safeguarding and help to keep those who may be at risk as safe as possible.
- 45 All VCS providers are expected to have a whistleblowing policy in place, which enables staff to raise suspicions of unlawful and unethical practices, including abuse of residents, modern slavery, and exploitation. Suppliers will be expected to have safe recruitment practices in place, on-going training on safeguarding and reporting concerns about abuse.

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## **Appendices**

Part 2 Report

**Background Papers -**