

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
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To: Adult Social Care Cabinet Committee – 27 September 2018

Subject: **CARE AND SUPPORT IN THE HOME SERVICES**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care and Health Directorate Management Team – 19 September 2018
Strategic Commissioning Board – 23 July 2018

Future Pathway of Paper: None

Electoral Division: All

Summary: To provide an update to the Adult Social Care Cabinet Committee on the progress of the Care and Support in the Home Services tender, including provider engagement and market feedback on the specification. To provide an oversight of the project's key issues and risks, and the mitigating actions being taken to manage them.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on progress of tendering for the new Care and Support in the Home Services Contract.

1. Introduction

1.1 This paper provides an update on the progress of tendering a new contract for Care and Support in the Home Services.

2. Strategic Statement and Policy Framework

2.1 The Care and Support in the Home Service links with the following strategic Outcomes:

- Outcome 1 - Children and young people in Kent get the best start in life
- Outcome 2 - Kent communities feel the benefits of economic growth by being in work, healthy and enjoying a good quality of life
- Outcome 3 - Older and vulnerable residents are safe and supported with choices to live independently

2.2 The Care and Support in the Home Service will support the above strategic outcomes by:

- a) Those with long term conditions are supported to manage their conditions through access to good quality care and support
- b) More people receive quality care at home avoiding unnecessary admissions to hospital and care homes
- c) The health and social care system work together to deliver high quality community services
- d) Physical and mental health is improved by supporting people to take more responsibility for their own health and wellbeing
- e) We keep vulnerable families out of crisis and more children and young people out of KCC care
- f) Children and young people have better physical and mental health

2.3 By supporting older and vulnerable residents in Kent with assessed needs, to remain living independently in their own homes, the Council aims to:

- a) Tackle disadvantage
- b) Reduce avoidable demand on health and social care services
- c) Focus on improving lives by ensuring that every penny spent in Kent is delivering better outcomes for Kent's residents, communities and businesses
- d) Enable adults in Kent to lead independent lives, safely in their own community

3. Background

3.1 The Care and Support in the Home Service will commence from April 2019 with additional elements potentially implementing shortly thereafter. The services in scope (Home Care Services; Extra Care Support; Discharge to Assess Services; Supporting Independence Services (SIS) and Supported Living Services) deliver very similar tasks in people's homes and there is an opportunity to achieve improved consistency across the market by bringing these together.

3.2 Aligning services under one contractual arrangement will enable the Council to take a consistent and equitable approach in shaping the market to focus on the personalisation and outcomes agendas and supporting the Council's strategic outcome that 'Older and vulnerable residents are safe and supported with choices to live independently'.

3.3 The vision for Care and Support in the Home Services represents a significant change in the way that services are delivered, with improved consistency of practice and a greater focus on personalisation and outcomes-focused care. It is recognised that these changes cannot be achieved with a big-bang approach, and therefore a phased approach will be adopted to realising the long-term vision.

- 3.4 The first phase of the contract will bring together the services previously known as Home Care and Supporting Independence Services under the Care and Support in the Home Service Contract. This will require providers to develop their capability to deliver across a broader range of client needs and to support skills development of their workforce to enable this.
- 3.5 Further services will be incorporated within the life of the contract in a phased approach. Discharge to Assess and Extra Care Support hours will both be subject to further competitions.
- 3.6 It is proposed that new approaches to service delivery will be tested and integrated during the life of the contract. These will include:
- enabling providers to flex hours up and down according to changes in an individual's eligible needs;
 - delegating statutory reviews to providers; the introduction of technology such as Electronic Call Monitoring and
 - more collaborative working with health partners.
- 3.7 For each of these changes commissioning recommends that the change is trialled in a discrete area to test its effectiveness before being rolled out across the county and incorporated into the contract.
- 3.8 This phased approach to implementing the long-term vision of the Care and Support in the Home Service will enable the Council to mitigate against the risks associated with significant changes such as delegation of duties and systems changes. Clearly defined and closely managed change projects will support both commissioners and operational teams in managing the demand on their resources and assuring quality of delivery throughout periods of change.
- 3.9 The Adult Social Care Cabinet Committee has been asked to endorse a recommendation to extend the Supported Living element of the Supporting Independence Service (Decision Number 18/00050). The Supported Living element will be phased into the Care and Support in the Home Service in due course.

4. Stakeholder Engagement – Progress Update

- 4.1 A market engagement exercise has been undertaken with both existing and potential providers to deliver key messages about the new Care and Support in the Home Service Contract. This consisted of two half-day events open to all providers who registered through the portal. The agenda covered the Council's Modernisation agenda, the approach for the Care and Support in the Home Service Contract as well as providing an opportunity for providers to give feedback and ask questions of Senior Commissioners from the Council.
- 4.3 Providers were asked a series of questions about their existing position in the market and their interest in contracting with the Council in the future:
- a) Do you have existing working relationships with other local providers?
 - b) Would you consider developing working relationships with other local providers?

- c) Do you already have partner organisations in mind?
 - d) Would you like the Council to assist your organisation with developing working relationships with other providers?
 - e) How can the Council assist you with developing working relationships with other providers?
- 4.4 Providers were overall positive about the potential to work closely with partners and work towards the formation of consortia
- 97% of the providers in attendance responded that they would consider developing their working relationships with other local providers.
 - 34% of providers stated that they already had potential partners in mind.
 - 70% of providers were also keen for the Council to provide further support in facilitating the development of working partnerships through networking events and sharing contact information of other local providers, where consent is given for information sharing.
- 4.5 Engagement with the market has also been undertaken through publishing the draft Care and Support in the Home Service specification to the Portal. The specification was published on the Portal on 10 August and was live for two weeks, during which time providers had the opportunity to raise questions and submit feedback on the proposals for the Care and Support in the Home Service. Feedback from this activity has generally been positive.
- 4.6 The next phase of market engagement for the Care and Support in the Home Service consisted of collecting, collating and sharing of 'Pen Pictures'. Providers submitted information to the commissioning team which they wanted shared with other providers. The intention is that these provider profiles will enable the market to have a better understanding about other local providers including their expertise and their ambitions, with the expectation that this will facilitate conversations about the formation of consortia.
- 4.7 Commissioners are also planning a networking event in September, where they will facilitate conversations between providers who have an interest in developing their partnership working capabilities and identify potential partners for joint working. This will enable providers to better consider and evidence their partnership working aspirations in their bids for the Care and Support in the Home Service Contract.

5. Tender Documentation – Progress Update

5.1 Specification

5.1.1 The draft specification (Attached as Appendix 1) was circulated to internal stakeholders on 30 July 2018 for comments and feedback. Feedback received has been reviewed and where necessary incorporated into the specification.

5.1.2 As outlined in the specification, commissioners will work in partnership with Adult Social Care and Health Directorate Modernisation Team to support a phased approach to achieving the vision for outcomes-focused, flexible Care and Support in the Home Services. The specification enables the Council to

look at new ways of working collaboratively with providers during the life of the contract to trial new ways of working such as flexing care; providers delivering reviews and delivering integrated care and support with health partners.

5.1.3 It is recommended that these new ways of working are incorporated to the contract as part of a phased and agile approach rather than a big-bang implementation. Bringing together Supporting Independence Service (SIS) and Home Care as one service provision already represents a significant undertaking in the implications for assuring consistency of practice for both Kent County Council and provider organisations. For each of the additional aspirations detailed above, there are significant systems and operational resource implications which need to be fully understood to assure successful implementation. Additionally, phasing these approaches in discrete areas will ensure the Council maintains control of the budgetary impacts and is able to take an evidence-based approach to the implementation of new methodologies.

5.1.4 The delivery of Care and Support in the Home Services as one aligned service provision will also require the Council to ensure that its own teams are effective in their alignment and ability to work collaboratively. Key stakeholders in the Adult Social Care and Health Directorate Modernisation and Operational Teams have provided feedback to ensure the specification meets the needs of both the Older People and Physical Disability and Disabled Children, Adult Learning Disability and Mental Health Operational Teams. Over the next few months work will continue to ensure that internal processes and practices are aligned across these teams and that providers have a consistent experience in their work with different teams.

5.2 Pricing Strategy

5.2.1 A comprehensive cost modelling exercise has been undertaken to determine the impact of a number of variables on the financial position of the Care and Support in the Home Service. These variables include considering the current differential rates across the market, approaches supporting equitable access to services across the county, consideration of rates for half hour and 45-minute calls, and social and unsocial rates.

5.2.2 In bringing together the current community-based SIS and Homecare services, the disparity in the rates paid to the respective contracted providers was considered in all cost model calculations. The pricing strategy addresses the disparity in the rates for the historical services and the price compression that has been seen in SIS since 2013.

5.2.3 To meet the strategic objective of the Care and Support in the Home Service Contract in achieving a financially sustainable provider market, with the capacity and capability to meet assessed needs regardless of postcodes, SIS rates needed to rise to those of Homecare as a minimum to enable all providers to remain equally sustainable.

5.2.4 Uplifts will be applied to some areas of the county based on Rurality Indices to support financial sustainability for providers and equitable access to services.

Areas will be defined based on Office for National Statistics Rurality Indices, which break down areas into the following categories:

- urban city and town,
- urban major conurbation,
- rural town and fringe
- rural village and dispersed

Urban areas will be paid at a standard rate, packages delivered in a rural town and fringe area will be subject to a 5% uplift on the standard cost and packages in a rural village and dispersed area will be subject to a 10% uplift on the standard cost.

5.2.5 The Lower of the Standard Support Financial Envelope was calculated based on a weighted average of contracted and non-contracted costs and 30-minute, 45-minute and hour unit costs. The top of the Standard Support Financial Envelope is 1p lower than the bottom of the Complex Support Envelope.

5.2.6 The bottom of the Complex Support Financial Envelope was calculated based on the average variance of between contracted Standard and Complex rates. The top of the Complex Support Financial Envelope was based on the average variance of contracted complex rates.

5.2.7 As referenced throughout this report, the provider market has repeatedly escalated the issue of financial viability in relation to both their unit rates and the volume of hours required to ensure their business is sustainable. As part of the tender process, providers will be asked to submit information about their financial viability thresholds in order to allow the Council to better understand and promote market sustainability.

5.3 Tender evaluation process

5.3.1 As part of the tender, providers will be asked to achieve a minimum quality score; this will be evaluated through questions surrounding Workforce, Quality, Mobilisation etc. Providers will also be asked to submit a rate within a Financial Envelope, per service provision, such as for Standard and Complex Support. Providers with the lowest rate past the Quality Threshold will be awarded a Contract. Where Lots require multiple providers, for example five, the five providers with the lowest rates who have met the Quality Threshold will be awarded a contract.

5.3.2 The proposed Quality Questions have been shared with internal stakeholders for comment and feedback, which has been collated and applied to the questions as necessary. There are eight question areas with responses limited to either 500 or 1000 words.

5.3.3 An evaluation strategy is being developed with scoring guidance for those participating in the evaluation exercise to ensure consistency of approach. It is recognised that evaluating the quality of this quantity of questions across an, as yet, unknown number of submissions is a large piece of work and should be managed with joint input from Commissioning and Operational teams. It is

intended that each question will be evaluated by a diverse panel of a minimum of three Officers.

- 5.3.4 Invitations to take part in the evaluation process have been extended to the Operational Teams, Workforce Officers and Modernisation Teams. Included in this invitation were target dates and an indication as to time and work commitment necessary to complete the activity.
- 5.3.5 Operational teams have expressed a wish to be a part of this activity; however, they are unable to commit the resources necessary i.e. having one officer to evaluate all the submissions for one of the Quality Questions.
- 5.3.6 Alternative methods and options for completing this activity are currently being evaluated, these include approaching former or retired staff to be part of the evaluation process or splitting Kent into sections to enable multiple staff per question. This discussion and option will need to be agreed in early September to enable staff time to be secured.

6. Implementation - Bringing together SIS and Home Care as one provision

- 6.1 Whilst the overall market position is strong across the county, there are distinct variations in service unit costs between SIS and Home Care. Since 2013, annual price lifts have seen a disparity of funding creep in, where Home Care Providers have seen inflationary rises in their unit costs which have gone unmatched in the SIS market. In bringing together the two services as one contracted provision, the Council must address the financial disparity and standardise the rates to ensure equity across the market.
- 6.2 Financial pressures in the market will be exacerbated by the additional investment needed to accommodate a shift in working culture to move towards outcome-focused delivery. Delivering differently will require extra time resources, training for skill gaps and robust oversight of care workers and significant culture change within both the Council and providers. Cost may also be impacted by the development of new processes and implementation of new systems to underpin change.
- 6.3 Mobilisation
 - 6.3.1 Strategic Commissioning Board has supported the recommendation that the Care and Support in the Home Service Contract will not force mobilisation on the basis of reduced costs. The approach recognises the importance of continuity of care for people receiving services and provides assurance that quality of care and support provision will be prioritised above cost.
 - 6.3.2 This approach presents challenges for providers who do not hold an existing contract with the Council. Where current contracted providers do not bid for the new contract or fail to be awarded a Care and Support in the Home Service Contract, they will still retain their existing client base to support continuity of care. This means that providers newly entering the contracted market will have

to slowly build a client base from new referrals into their contracted cluster areas.

6.3.3 Where new providers will be slowly building their client base in cluster areas during the first months of the contract and providers exiting the Contract will see their volumes of hours reducing, commissioners must carefully manage this process. Although there will not be a 'big bang' mobilisation, commissioners will need to carefully consider how they will support sustainability to avoid handbacks due to providers reaching a point of financial unsustainability.

6.4 Sleep Nights Position

6.4.1 The Sleep Nights position is informed by a paper taken to Strategic Commissioning Board in July 2018.

6.4.2 Night support, particularly within current SIS services, is provided in increasingly contentious units of delivery and subject to an ongoing court appeal regarding Care and Support Worker pay for these units. In February 2015, Her Majesty's Revenue and Customs (HMRC) changed its guidance on the treatment of sleep-in shifts and reclassified these from unmeasured time to measured time (time worked). Along with the introduction of the National Living Wage (NLW), the Council regularly receives requests from providers to increase their fees to comply with the new regulations to take account of the impact to them as the employer.

6.4.3 In November 2017, the Government launched a new Social Care Compliance Scheme for social care providers that may have incorrectly paid workers below legal minimum wage hourly rates for sleep-in shifts. Social care employers will be able to opt into the new Social Care Compliance Scheme giving them up to a year to identify what they owe to workers. Employers who identify arrears at the end of the self-review period will have up to three months to pay workers. The scheme has been designed to help ensure workers are paid what they are owed while also maintaining important services for people who access social care. HMRC will write to social care employers who currently have a complaint against them for allegedly underpaying minimum wage rates for sleep-in shifts to encourage them to sign up to the scheme. Employers that choose not to opt into the scheme will be subject to HMRC's normal enforcement approach. Back-pay spans a six-year period from 1 April 2012.

6.4.4 In July 2018 the Court of Appeal overturned the 2017 tribunal ruling and ruled that flat-rate payments for Sleep Nights were fair. The Trade Union, Unison has since applied to appeal to the Supreme Court seeking to overturn the Court of Appeal's 2018 ruling.

6.4.5 The Council has an obligation under the Care Act 2014 to ensure there is a sustainable marketplace and that the eligible needs of vulnerable people are met. In light of the potential pay liabilities, while the Council may not be contractually required to increase prior to a request, nor meet the costs of back pay, should a provider suffer financial difficulty resulting from the obligations

under pay legislation, the Council is likely to need to consider the requirements of the Care Act 2014 to ensure a sustainable marketplace.

6.5 TUPE

6.5.1 Lessons have been learned from the implementation of the 2014 Home Care Contract, when people receiving Home Care Services were mobilised to newly contracted providers where ever new providers delivered more cheaply, sometimes only by a few pence. This extensive mobilisation required significant investment of resources from both the provider market and the Council, disrupted continuity of care for hundreds of people and resulted in many people deciding to take a Direct Payment to enable them to retain their Care and Support Workers.

6.5.2 Strategic Commissioning Board has supported the recommendation that the new Care and Support in the Home Service Contract will not force mobilisation on the basis of reduced costs. Instead, where appropriate, and in agreement with the person receiving the service, contracted providers will arrange equitable swaps to support sustainable care rounds within their contracted clusters. This approach will be phased during the first few months of the contract and seeks to avoid a resource-intensive and disruptive mobilisation process.

6.5.3 As the default position will be to not mobilise, TUPE information is not being received from providers. Where mobilisation is determined to be appropriate, as detailed above, this will be managed on an individual basis.

6.6 Public consultation

6.6.1 Advice has been sought from the Engagement and Consultation Team regarding the Council's requirement to undertake a Public Consultation exercise in tendering Care and Support in the Home Services. The requirement for Public Consultation is primarily where a person is likely to lose a service or be worse off as a result of a change to a service. Given that the approach to the Care and Support in the Home Service Contract will not result in people perceiving a change to the service, commissioners have been advised that at this stage it is not necessary to engage in a full Public Consultation process.

6.6.2 However, where changes are proposed that may impact service delivery over the life of the contract, the need to undertake Public Consultation will be kept under consideration and incorporated where necessary.

7. **Interdependencies - Transforming Integrated Care in the Community (TICC)**

7.1 To progress the health integration agenda, EU funding has been secured to pilot the delivery of a new model of integrated health and social care, the Buurtzorg Care Model. Buurtzorg is a nurse-led model for community care which was established ten years ago in the Netherlands and has supported improvements in patient outcomes and workforce development.

- 7.2 Despite the model evidencing sustainable benefits it has not yet been successfully transitioned into any other country. This is thought to be because the model is being adapted to fit current systems rather than the system being adapted to fit the model. The aim is to challenge and adapt the current Health and Social care systems to enable the implementation of the Buurtzorg Care Model across the majority of Kent and Medway by October 2021.
- 7.3 The Council will be working in partnership with Kent Community Health Foundation Trust (KCHFT) and GP practices to initially implement two project teams, one in West Kent and one in East Kent. Medway Community Healthcare (MCH) is also implementing one team in Medway. The projects are planned to start in September 2018. The growth and spread of the teams will be determined as the effectiveness of various implementation methodologies is understood and will be dependent on how effectively the barriers to implementation have been mitigated.
- 7.4 The project teams will combine various skillsets including qualified nurses, health care assistants, care and support in the home workers and enablement staff and will work closely with the GP practices around which they are based. They will be small self-managing teams of between eight and 12 people serving a population of approximately 10,000 to 15,000 people. The teams will be underpinned by effective IT systems and a small supportive back office and facilitating coach.
- 7.5 The challenge faced in managing the interdependency between the Buurtzorg project and the new Care and Support in the Home Service Contract is in trialling the project in Edenbridge, an area in which it has historically been challenging to secure packages of care and support. The low volume of hours, rurality of the area and proximity to London make the area financially unviable for many Providers.
- 7.6 There is a significant risk in trialling Buurtzorg in the Edenbridge area, as it will reduce the volume of hours available to contracted providers and further reduce the financial viability of the area. It is not feasible for the Buurtzorg project to take on all of the clients within this cluster group, and so the volume of hours within the cluster will be split between the project and contracted provider(s). The risk is that as the Buurtzorg project builds and delivers more of the available hours in the Edenbridge area, there will come a point of failure for the provider at which they will no longer be financially sustainable and will likely hand back the remaining hours in the area.
- 7.7 The Council must consider how it will balance the delivery of the Buurtzorg project with its duty under the Care Act to support market sustainability, and how it will give confidence to providers to contract with the Council and invest in Services.

8. Resource, Personnel and Training Implications

8.1 Implications for Providers

8.1.1 There are implications for the skills development of care and support workers over the life of the contract to support the move to outcomes-focused, flexible provisions. Over the life of the contract providers will need to consider the skills base of their workforce and where they may need to address skills gaps to deliver new activities such as statutory reviews. Providers are also required to support social value in their community through responsible recruitment, retention and employment practices.

8.1.2 This contract seeks to support the aspirations of the workforce development programme within the Council to enable our providers to train and develop their staff in a range of career pathways. The full Personnel and Training requirements for providers are detailed in the specification.

8.2 Implications for Kent County Council

8.2.1 There are Resource, Personnel and Training implications for the Council's own staff in bringing together SIS and Home Care Services as one provision. Until the new contract takes effect, and throughout the phased implementation in 2019, council teams will be required to work collaboratively to ensure consistency of practice to support the provider market.

8.2.2 At present there are multiple practices across the operational teams, which will need to be considered and rationalised to enable this new service to be successfully adopted. This will involve work around reviews, documentation, terminology, purchasing and payments amongst others.

8.3 Contract Management

8.3.1 A more involved and robust service which will be subject to transformation throughout the lifecycle of the contract will result in the need for careful and dedicated contract management from both commissioning and operational teams. This approach will have resource implications which have yet to be fully understood and may be tested through delivery of pilot projects.

8.3.2 A scorecard approach to contract management has been agreed which will feed into a quality and risk matrix, allowing the reactive elements of contract management to focus on the areas of biggest risk to service continuity.

8.3.3 Proactive contract management will take place through individual and joint meetings, pilots and shared communications.

8.3.4 Conversations are ongoing with operational teams to identify delegation of contract management activities to ensure the appropriate teams manage the various aspects of the contract. As an example, commissioners would lead on areas relating to contract compliance and situations affecting more than one

individual, where operational teams would focus on the situations relating to individuals and their personal care and support plans.

9. Implementation of MOSAIC and Finestra

- 9.1 The Council is phasing out its current social care systems provisions SWIFT and its payment mechanism system, Transactional Data Matching (TDM). This represents an opportunity to source systems which will enable a better interface between council and provider systems where appropriate, reduce duplication and support operational teams in prioritising and managing their caseloads more efficiently.
- 9.2 The existing systems will be replaced by MOSAIC and Finestra, which will be implemented from January 2019 onwards.
- 9.3 There is an aspiration that in the future Care and Support in the Home Service providers will utilise systems, including Electronic Call Monitoring, that enable an improved interface with the Council's systems and reduce duplication in the information held by each organisation. Commissioners are engaging with colleagues in the Technology Enabled Change (TEC) Team on an ongoing basis to identify interdependencies in the implementation of these systems and the Care and Support in the Home Service Contract.
- 9.4 Any future requirements for providers to align their systems to the Council's technology will need to clearly define how these will interface with the MOSAIC and Finestra systems once in place.

10. Financial Implications

- 10.1 The planned contract arrangements for the Care and Support in the Home Service is anticipated to run for four years, with an option to extend, with a total value between £100m and £140m per annum, to be determined through the contract solution design which is currently in progress.

11. Legal Implications

- 11.1 The main legislative framework for the Care in The Home Service is the Care Act 2014 (for adults), the Children Act 1989 (for under 18s), and the principles of Mental Capacity Act 2005. These are statutory duties, and the new service will be compliant with these key pieces of legislation.
- 11.2 Transfer of Undertakings (Protection of Employment) Regulations 2006 as amended by the Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 (TUPE) is likely to apply, and the Council will ensure in the event of a change of employer, that it will undertake necessary arrangements, within its remit, to provide for the protection of employees' rights.

12. Equality Implications

12.1 An Equality Impact Assessment has been completed and will be updated as the work to deliver the new contracts is progressed.

13. Conclusions

13.1 The Adult Social Care Cabinet Committee is asked to note the updates included in this report, particularly in relation to the next steps for letting the Care and Support in the Home Service Contract and the associated financial implications.

13.2 The first phase of the contract will bring together the services previously known as Home Care and Supporting Independence Services under the Care and Support in the Home Service Contract. This will require providers to develop their capability to deliver across a broader range of client needs and to support skills development of their workforce to enable this.

13.3 Further services will be incorporated within the contract in a phased approach. Discharge to Assess and Extra Care Support hours will both be subject to further competitions which will only be open to contracted Care and Support in the Home Service providers.

13.4 It is proposed that new approaches to service delivery will be tested and integrated during the life of the contract. These will include enabling providers to flex hours up and down according to changes in needs, delegating statutory reviews to providers, the introduction of technology such as Electronic Call Monitoring and more integrated working with health partners. For each of these changes, it is proposed that the change is trialled in a discrete area to test its effectiveness before being rolled out across the county and incorporated into the contract.

13.5 This phased approach to implementing the long-term vision of the Care and Support in the Home Service will enable the Council to mitigate against the risks associated with significant changes such as delegation of duties and systems changes. Clearly defined and closely managed change projects will support both commissioners and operational teams in managing the demand on their resources and assuring quality of delivery throughout periods of change.

13.6 Commissioners will continue to provide regular updates on the progress of the Care and Support in the Home Service.

14. Recommendation(s)

14.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on progress of tendering for the new Care and Support in the Home Services Contract.

15. Background Documents

None

16 Contact details

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