

Please note that we are still in the design phase of the new contractual model and therefore the content shared to date may be amended following feedback from the market

Question	Council Response
Conditions of Participation	
Considering the delays in CQC processes, could the Council explore the option of conducting independent assessments?	We understand the concerns raised here and have attempted to address this in the new model, taking into consideration the level of resource that would be required to undertake quality assessments. We are anticipating a high volume of bidders and if this is the case we would not have the resource to independently inspect and assess all providers as part of the tender process. Therefore, we have reduced the CQC requirement for tier 1 to 'Good' overall and are permitting providers that are registered but have not yet been assessed to join tier 2 (but the later will be suspended until rated). In addition, we have introduced a PAMMS assessment for tier 1 as a Key Performance Indicator. Unfortunately, we do not have the level of resource available to include this for tier 2.
If a provider is still awaiting a CQC rating, would they be eligible to bid and join the framework?	A provider with a registered CQC location that is unrated will be permitted to bid to join tier 2, however that provider would be suspended from taking new packages until the branch is rated.
In view of the backlog that CQC is experiencing regarding rating, how long would you keep a Tier 2 on the framework before being active?	
If a provider has been registered in the area for several years but the CQC still has not visited, is this still classed as "unrated" ?	
Is there a timeline for an unrated provider to remain on Tier 2 before being terminated for not having a CQC rating?	No - a provider will remain suspended until such time that they receive a rating.
If a provider's CQC rating changes during the tender process, would this be taken into consideration?	A provider's CQC rating on the tender submission date will be used for assessing compliance to the Conditions of Participation. However, if a provider's CQC rating changes during the tender evaluation and no longer meets the Conditions of Participation, that provider would be excluded from the relevant tier.
Is it possible to trigger a CQC/PAMMS inspection?	It is not possible to request a PAMMS assessment. Also, the Council is unable to make representations to the CQC on behalf of a provider.

Would an 'Inadequate' CQC rated provider remain on the framework or would they be removed and replaced by other providers?	The Council intends to use a range of measures and intelligence to determine whether an 'Inadequate' rated provider should remain on the framework. The framework is a closed framework meaning that no new providers can join during the lifetime of the framework therefore any provider that exits the framework is not replaced.
What if the provider doesn't have a current PAMMS rating?	There is no requirement to be PAMMS audited to join the framework. As a PAMMS rating is to be used to rank tier 1 providers from the first re-ranking, the Council intends to carry out PAMMS assessments for all branches on tier 1 prior to the completion of the first KPI reporting period. If this isn't possible a dummy rating will be used that reflects the average PAMMS score.
Would a provider with an RI rating be considered? If yes how is the quality monitored?	A provider that is rated 'Requires Improvement' by the CQC may bid for tier 2. Quality will be monitored through KPI returns and the review of a range of intelligence measures including safeguards, concerns raised by adults and other stakeholders and feedback from service users as well as any PAMMS inspection that may take place.
If a provider has an inherited rating, due to acquiring a location can the provider still bid ?	If a branch is in receipt of an inherited rating the Council intends to use that inherited rating published by CQC.
Can you please confirm which services we need to be registered with CQC in order to bid for tier 1?	The list of service bands required for T1 is still being finalised.

Provider Location	
Can a provider bid with the intention of relocating to Essex if successful, or is it necessary to already have an office in Essex before bidding?	The registered location must be within 5 miles of the ECC administrative border. This shall be measured using the online tool Radius From UK Postcode measured as the crow flies from the postcode of the CQC registered branch to the Essex border. (Tool settings – Distance from postcode 5 miles, UK county borders on, bidder's CQC registered office must be within Essex or intersect the Essex border). https://www.freemaptools.com/radius-from-uk-postcode.htm . It is necessary for the registered branch to satisfy this requirement prior to the submission of the bid.
What is the tool used to verify if the provider's registered office is within the 5- mile radius of Essex border?	
Can you confirm the specific location or address from which the provider's office needs to be within 5 miles?	

Would it be acceptable to establish a temporary satellite office initially if the registered CQC office is located more than 5 miles outside the county, in order to meet the requirements for joining the framework?	No - the office must be registered with CQC prior to the submission of the bid.
Does the provider need to have a registered office in each district they bid for, or is having one main office in Essex sufficient?	All branches that a provider intends to operate from to deliver care in Essex must meet the location requirements of the Council, however there is no requirement to have an office per district.

Contractual Model / Framework Mechanics	
Can you confirm the end date of the current framework?	The current framework is due to expire 11th August 2025, however the Council is seeking to extend the contract for up to 6 months to allow time for the procurement process to be run under the new Procurement Act 2023 regulations.
If a current provider is unsuccessful in securing a place on the framework, will the packages be transferred to another provider?	There are no plans to transfer care packages as a direct result of this tender process. The intention is for any care packages to remain with the incumbent provider after the award of the new framework. Therefore, there would not be a requirement to transfer staff.
If a provider holding a sponsor license is unsuccessful, will the carers be TUPE over with the new provider offering new COSs	
Is there an expected percentage of packages that would be routed to Tier 2 and spot providers?	There are no guaranteed volumes for tier 2 or spot providers. We can share current data on the volumes of packages sourced through tier 1, tier 2 and spot provision.
Is the specialist provider required to cover all the specialisms (OP,MH,PSI,LD), or only the one they specialise in?	Tier 1 providers will be expected to be registered and accept packages across all listed service bands. Providers in tier 2 will not be required to be registered or accept care packages across all service bands. There will be a list of required Service Bands for T1.
Can the providers choose which specialisms they wish to deliver (OP,LD,MH,PSI)?	
Is there any cap to the number of districts a provider can bid to join?	There is no cap on the number of districts a provider can bid to join for either tier 1 or tier 2.

What impact does the financial threshold have on SME's?	The financial threshold is for tier 1 only. The purpose is to ensure that those bidding for tier 1 have a sufficient level of infrastructure in place to enable them to manage the volume of packages expected through tier 1. The threshold equates to 250 hours per week of care delivery.
Could a provider bid for both Tier 1 and Tier 2? Should the provider bid for each individual tier?	Bidders will be expected to submit a single tender. If a provider bids for tier 1 but is unsuccessful the default position is that they would be included on tier 2 subject to the minimum quality criteria for tier 2 being met.
Would all the 24hr packages be sourced through Tier-1?	The intention is to offer the 24-hour care packages in ranked list order - first to tier 1 and then to tier 2. This means that packages may be offered to tier 2 if there aren't any offers from tier 1 providers. Also, if a 24-hour care package is one where specialist skills and / or experience is required to support the adult, it might be sourced through a mini-competition to enable the us to test that providers can meet the technical / quality requirements and that mini-competition may be opened to include tier 2 providers as we recognise that some specialist providers may choose not to join tier 1.
Is there a difference between electronic home care management and digital social care records?	Electronic homecare management systems (EHM) refers to the system used to monitor the timeliness and duration of care visit. A definition of Digital Social Care Records can be found here: https://digitalsocialcare.co.uk/assured-solutions
Could we have more information regarding the ECC/provider and NHS collaboration in terms of complex care packages?	There are no direct collaboration arrangements between the council and NHS for the provision of care through this framework and in referring to collaboration, we are not talking about legally bound arrangements. However, one of the objectives of the council is to improve working between the council and system partners through dialogue, strong working relationships and exchange of information where needed and appropriate.
How does the new framework affect the providers in/covering rural areas?	The new framework will not include Target Supply Area (TSA) wards and associated rates, as the evidence suggests that moving forward these will not be required in the majority of TSA wards. Where there are packages in rural areas that have not been sourced via the ranked lists at a framework rate, these will be offered to framework providers again on a mini-competition – price only basis. Providers will have the opportunity to submit a price and packages will be offered to the lowest bid. Where providers have an existing package in a TSA ward with a TSA rate attached that rate will continue until the package either expires or is changed (increased or decreased accompanied by a new purchase order).
Would the Tier 2 provider be able to move up to Tier 1 during the duration of framework? If yes, how would it work?	There may be opportunities for a tier 2 provider to move to tier 1. This would take place as part of a tier 1 review process that will take place if specific criteria are met to trigger this process, for example if more than 50% of provision is being commissioned through tier 2 and spot providers, tier 1 may be

	opened for tier 2 providers to bid to join. Providers bidding to join tier 1 at this point in time would be required to meet all tier 1 criteria, including passing any tender response questions.
For tier 1, is the 5% hours requirement per annum?	Yes, the 5% of admissions requirement for tier 1 will be measured every annum.
Could you share a list of recommended EHMs that ECC prefer?	The Council does not have a preferred list of EHM systems.
Is there any timeline for referral acceptance?	This is still under review ahead of the tender.
Can the council explain why there has been a change in approach from the model that they previously engaged about?	The councils long term ambition remains the same, we recognise there are benefits that can't be fully realised with a framework approach, however there was no consensus on what model would best achieve the councils vision. The council intends to use the framework, and new flexibilities afforded as part of the 2023 procurement act coming into place in early 2025, to test alternative approaches as we continue to move towards a long-term vision. This will allow us to progress change and improvements based on solid evidence around benefits and risks of any amendments.

Finance	
Is the increase in NI contributions factored into the determination of price points for the framework?	<p>Essex County Council Adult Social Care are in active discussions with Essex Care Association, Care England and through the Association of Directors of Adult Services and Local Government Association about the cost impact of the Budget for care providers and the council. It seems clear that the national settlement for adult social care has not factored in the impact of employer's national insurance changes and national living wage. There is active and extensive national lobbying for the government to either defer implementation or make further financial provision to councils to support these costs.</p> <p>Essex County Council Adult Social Care has been committed to ensuring funding to support the financial sustainability of care providers is being passed on to the care market and we will continue to make that case. For the purposes of council budget setting we have set out our assessment of the full impact of the national Budget announcements on National Living Wage and National Insurance Contributions and Bank of England Consumer Price Index (CPI) estimates. We are expecting to hear the interim announcements on individual council allocations from national government around 19 Dec. This will then inform council budget setting which is signed off by full Council in February. This would include any decision on setting local taxation rates for Council Tax and the Social Care Precept.</p>
Will the providers be informed of the preferred price among the available price points?	It will be up to suppliers to select their own price point when bidding to join the framework.
How are economies of scale achieved using this model?	The Council expects the majority of referrals to be accepted by T1 providers. Over time this will lead to these providers and those providers at the top of tier 2 being able to build more efficient rounds with less travel time, therefore this along with the expected higher volumes of packages accepted (leading to lower overhead / management costs per unit) will support providers in achieving economies of scale.
Will providers receive additional funding during the bank holidays?	The pricing model is blended and includes enhancements for weekends and bank holidays. There are no plans to offer additional funding for bank holidays as it's already included.
Would ECC rates differ for LD packages to reflect the higher costs involved?	Providers will be expected to submit a single price for each district they intend to deliver care in which should cover standard personal care and care packages for adults with learning disabilities and autism (LD&A). During sourcing, if no offers are received at framework rates, the brokerage team (SPT) will offer the package of care again on a price-only mini-competition basis. For packages where specialist training and experience is required, SPT may choose to offer the package under a price and quality

	mini-competition. In this way, the Council might pay higher rates for LD&A packages, depending on market conditions and the specific needs of the adult.
Will ECC provide financial support to the providers to help them achieve their social value and carbon reduction	At this time, the council is not offering any grants to support social value or carbon reduction. We will however information on any grant funding streams as appropriate. Also, there is a dedicated page on the Provider Hub that sets out all support available to providers in regards to social value. - https://www.essexproviderhub.org/social-value-catalogue/