Options	Risks	Benefits	Recommendation
1.Do Nothing	- NNC will be in breach of their requirements under the Care Act 2014	-None identified	Not recommended
2. Stay with	- Does not allow	- Provides	Option does not allow
the current	provision to be	consistency for	for in-depth reviews,
provision until	changed to reflect	contract	engagement and
the end of the	current position and	arrangements	redesign of services.
•			
	This provides for double-handed care.	opportunity to work collaboratively with internal and	
	Social Care in Prisons (DH) grant for Northamptonshire County Council area in 2020/21 was £188,101.	external stakeholders to develop a long term model	

Prisons indicate not wish	ocial Care in provider has ed they would h to expand rvice offer.		
commission the service with Practice Plus Group (PPG) (PPG preferred option). NNC has Process which full many for the control of the control option option of the control option optio	es limited time ommissioners insult and ige ave Contract edure Rules in may require a market testing ine value of the fract ovision will to commence if the commence is remains in the commence operational.	- Practice Plus Group hold long-term contract with NHSE for healthcare input at HMP Five Wells - PPG has indicated they would prefer this option - Good use of commissioning resources for both Council and NHSE - Allows the Authority to serve notice after one year to commission their own service if they wish - Provides consistency for people already using the services - Gives the Provider Market time to adapt Indicative quote for service from PPG is for 4.48 wte HCA posts, at annual cost of £138,579.84	A 2-year contract allows for quality commissioning time to complete all tasks as outlined. The 2-year contract provides time for market engagement and development. This option allows the Authority to serve notice after one year to recommission if they wish Not recommended

4. CV the new	-Does not allow	- Good use of	A 2-year contract
provision on to	individual authorities to	commissioning	allows for quality
the current	remodel service to	resources for both	commissioning time to
healthcare	meet local need	Council and NHSE	complete all tasks as
contract			outlined.
	Provides limited time	- PPG has indicated	
	for commissioners to	they would be open	The 2-year contract
	consult and engage	to this option	provides time for
	NNC have Contract	- Stability for service	market engagement and development.
	Procedure Rules which	users	The author for a
	may require a full	- Stability for the	The option for a 1-
	market testing for the	Market	year extension to this
	value of the contract		term would allow
	Complexity and	- Opportunities for	further flexibility including a baseline of
	number of social care	collaboration with	needs once the new
	packages will	internal and external	prison is fully
	potentially increase	stakeholders	operational. This
	once operational.	- Reduces the risk of	option allows the
		provider failure/take	Authority to serve
	Level of social care	over	notice after one year
	needs remains	0101	to recommission if
	unknown.	- Potential for more	they wish
		options with any	,
		future remodelling	
		Obviates need for full	This is
		procurement process	Recommended
		through s75	option.
		agreement	орион.
		agreement	
		Aligns with ambitions	
		for integrated care	
		system	
		Healthcare contract is	
		7 years, plus option	
		for 3	
		101 3	
		Indicative quote for	
		service from PPG is	
		for 4.48 wte HCA	
		posts, at annual cost	
		of £138,579.84	
5. ISF	Prisoners are not	- Enables a full	Existing healthcare
arrangement	allowed Direct	review of the	provider would bear
with healthcare	Payments Payments	effectiveness of the	risk of employing staff,
provider for	- cymonic	services through	or omploying oldin,
1 - 25.15.	<u> </u>		

initial ramping up period (anticipated to November 2022)	Under-developed method of contracting for service delivery – no examples to draw upon Lack of certainty for provider Complexity and number of social care packages will potentially increase once operational.	additional time to collect and analyse data - Allows time to develop and consult on new models and ideas - Provides time for service user engagement - Enables time for benchmarking exercises Provides opportunity to flex provision to	which they would not wish to do. Not currently recommended.
		meet fluctuating demand. Obviates need for full procurement process – cost would be RAS determined Personal Budget managed by provider	
6. Internal reablement resource to meet identified need.	Contract would require effective collaborative working arrangements across in-house and external providers, potentially with different infrastructures and operational procedures and practices. Workforce issues and pressures In-house staff would need to meet vetting	In-house provision provides for direct management and supervision of social care packages, with a focus on 3 conversations model and achieving outcomes. Safe level of staff cover to be modelled on 4.48 FTE reablement worker posts	Option to be considered once scale and nature of needs established. Not currently recommended.

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	and training requirements	Provides opportunity to flex provision to meet fluctuating demand both within and without the new HMP. In-house service management have indicated they would be open to this model, notwithstanding workforce issues	
7. Full market testing through tender process	Provides limited time for commissioners to consult and engage	full market testing for the value of the contract	Procurement to suggest timetable for full process for
toridor process	NNC have Contract Procedure Rules which may require a full market testing for the value of the contract	oomidat	contract award once baseline established
	New provision will need to commence from February 2022.		
	Complexity and number of social care packages will potentially increase once operational.		
	Level of social care needs remains unknown.		
	Unfeasible timescale for a full tender process		
	Procurement to suggest timetable for full process for contract award November 2022		
	- Provider Market may not be ready for		

swift mobilisation timetable.	
Contract would require effective collaborative working arrangements across two providers, potentially with different infrastructures and operational procedures and practices.	