

Notice of Non-key Executive Decision

Subject Heading:	Approval to vary the existing Reablement contract with ECL to include the delivery of 2 pilot schemes
Decision Maker:	Barbara Nicholls, Strategic Director of People
Cabinet Member:	Councillor Gillian Ford, Cabinet member for Adults and Public Health
SLT Lead:	Barbara Nicholls, Strategic Director of People
Report Author and contact details:	Sandy Foskett, Senior Commissioner and Project Manager T. 01708 434742 E. sandy.foskett@havering.gov.uk
Policy context:	Supports priorities in the Joint Health and Wellbeing strategy: <ul style="list-style-type: none"> • Better integrated support for people most at risk; • Quality of services and patient experience Supports statutory requirement to reduce care needs (Care Act 2014)
Financial summary:	The proposed six month pilots are to be delivered through the existing Essex Cares Ltd contract. The contract value for the two pilots is

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	<p>£200,000 which is funded via Ageing Well money in the Better Care Fund.</p> <p>The total cost of the original contract is £10,386,337.50 and the total cost of the contract including the variation amounts to £10,586,337.50.</p>
Relevant OSC:	People OSSC
Is this decision exempt from being called-in?	Yes, it is a non-key decision by a member of staff

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The subject matter of this report deals with the following Council Objectives

People - Things that matter for residents

Place - A great place to live, work and enjoy

Resources - A well run Council that delivers for People and Place.

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

This decision paper seeks approval to commence two pilots for Ward Led Enablement and Community Reablement and vary the existing contract with Essex Cares Limited to enable the pilots to be delivered via the existing Reablement contract.

AUTHORITY UNDER WHICH DECISION IS MADE

Part 3.3 [Responsibility for Functions] of the Council's Constitution:

Para 3.3 Powers of Members of the Senior Leadership Team

General powers

(a) To take any steps necessary for proper management and administration of allocated portfolios.

STATEMENT OF THE REASONS FOR THE DECISION

Introduction

This report seeks approval from the Strategic Director of People to commence two pilot schemes of the Ward Led Enablement service and Community Reablement service.

The pilots are due to commence on 11th September 2023 and will run for a period six months up to 10th March 2024. The value of each pilot amounts to £100,000 for the six month period, the total variation will increase the value of the existing contract by £200,000.

The current contract for the Integrated Reablement service is currently provided by Essex Cares Limited (ECL) and expires on 31st March 2024. Both pilots can be delivered via a variation of the existing contract,

Pilot 1 - Ward Led Enablement service.

ECL will work in partnership with Barking, Havering, Redbridge University Hospital Trust (BHRUT) and the London Borough of Havering (LBH) to deliver the Ward Led Enablement pilot with the aim of reducing hospital acquired decline, decreasing the level of care required at the point of discharge, improving outcomes and supporting discharge flow.

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Ward Led Enablement is short term, intensive support that enables patients to begin their Reablement whilst an inpatient. The aim is to maximise independence, mitigate against patient deconditioning and increase patient's confidence in returning to their home environment. Ward Led Enablement is for a short period and will enable the individual to regain skills and confidence to achieve manageable goals. It includes supporting patients to part take in appropriate exercise as well as maximise their ability to carry out tasks for themselves.

ECL staff will also pass on learning to ward staff and look to increase their confidence in mobilising patients on the ward, moving away from bed-based care where possible.

This new process will allow patients to be discharged home sooner which reduces exposure to risks such as hospital-acquired infections, falls and loss of physical and cognitive function and enables people to regain or achieve maximum independence as soon as possible.

Delivery

To deliver the six month pilot ECL will provide 3 staff per day (2 CCAs and 1TA) working across 42 hours per week.

The staff will cover the core hours of 8am to 2pm 7 days per week.

Expected outcomes

There are a wide range of outcomes which will be evaluated during the pilot to determine future commissioning decisions. Expected outcomes include:

- Reduction in Average Length of Stay (ALOS)
- Reduction in the level of care required at the point of discharge
- Reduction in length of time in Reablement once discharged
- Improved outcomes at the end of Reablement in the community
- Reduction in failed starts
- Reduction in number of people declining Reablement at the first visit once discharged

Pilot 2 – Community Reablement

The current Reablement service has consistently delivered excellent outcomes with an average of 85% people not requiring ongoing care at the end of the reablement period. The majority of referrals into the service are via the hospital discharge pathway with very few coming from any of the community services.

The community reablement pilot will determine if reablement delivered as a preventative option in the community improves the outcomes, supports people to remain independent in their own home and reduces the number of people requiring homecare.

The community pilot will trial a referral pathway from primary care directly into the reablement service as a preventative option. The pilot will start with a small number of GPs to establish the demand and then will expand as far as the service capacity allows.

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In addition, the Havering Access Team (HAT) will make reablement the default option, where appropriate if someone accesses the ASC front door having had no previous ASC funded homecare service.

The small scale pilot will enable the opportunity to test the referral pathways and capture sufficient information to evaluate the benefits of having a community reablement service to inform future commissioning decisions.

Delivery

To deliver the six month pilot ECL will provide a maximum of 100 hours per week for the community pilot. The proposal is using the current average length of stay and level of need for an individual receiving single handed support. This equates to holding an average of 14 residents at any one time, supporting 18 service starts per month.

Expected Outcomes

- Reduction in number of people placed directly into Homecare having had no previous service
- Reduction in the number of HAT contacts converting into an assessment
- Increase in number of people accessing reablement from the community
- Reduction in level of care required from initial assessment to end of reablement period
- Increase in referrals between reablement and social prescribers and voluntary sector organisations
- Improved relationship between reablement team and primary care

Project Management

The projects will be managed using the Council's Project Management toolkit adapted for the particular needs of this project. A formal project management structure has been established, including identification of peoples' roles and responsibilities. Throughout the project the following control measures will be put in place:

- Reporting progress to the Project Board on a fortnightly basis
- Reporting progress on Verto on a monthly basis
- Managing the progress of the project through the monitoring and delivery of a Project Plan
- Assigning tasks and managing these with a regularly updated Action Log
- Identifying and managing risks with a regularly updated Risk Log
- Communication to wider stakeholders on a monthly basis where deemed necessary.

The scope of the project includes:

- a. Design of the pathways and processes for each of the pilots
- b. Development of the specification for the WLE
- c. Development of outcome measures and collection of baseline data
- d. Managing the pilot process
- e. Communications with key stakeholders

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f. Measurement of benefits

Timescales

Both pilots are planned to go live in early September and will run until 31st March 2024. There will be a mid-point evaluation after 3 months.

OTHER OPTIONS CONSIDERED AND REJECTED

1. Do Nothing

This was not deemed as a viable option as the money for the pilots has been allocated via the Ageing Well fund and has been agreed across ICB partners. It is a key priority for the system to introduce a reablement ethos onto the care of the elderly wards across BHRUT to reduce ALOS and reduce the level of care required at the point of discharge. It is also a priority to look at preventative measures in the community to reduce / delay the number of people requiring ASC funded care.

PRE-DECISION CONSULTATION

North East London Integrated Care Board
Barking, Havering and Redbridge University Trust (BHRUT)
LBH Adult Social Care
Service Provider

NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER

Name: Sandy Foskett

Designation: Senior Commissioner and Project Manager

Signature: *s foskett*

Date: 9 August 2023

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

Under Section 3 of the Care Act 2004, the Council, as a local authority, has a statutory duty to promote integration of care and support with health services.

The Council has the power to vary the contract under s111 of the Local Government Act 1972 which permits the Council to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any of its functions.

The Council may also rely on its general power of competence under Section 1 of the Localism Act 2011 to vary the contract, which allows the Council to do anything an individual can do, subject to any statutory constraints on the Council's powers. None of the constraints on the Council's s.1 power are engaged by this decision.

When originally procured, the contract was an above threshold contract for the purposes of the Public Contracts Regulations 2015 (PCR) for Light Touch Services. The proposed variation is therefore caught by the full PCR regime.

The value of the proposed variation is £200,000 over the remainder of the contract. The value of the contract over the term is in excess of £10 million. The Council may vary the contract subject to the variation falling within one of the safe harbours provided by Regulation 72 (1) of the PCR.

Regulation 72(1) (f) and 72(5) of the PCR 2015 permits a variation to the contract whereby the value of the modification is below the relevant threshold and equates to less than 10% of the original contract value.

For the above reasons set above, the Council may vary the contract with Essex Cares Limited to include the pilot schemes detailed in the report.

FINANCIAL IMPLICATIONS AND RISKS

This decision paper is seeking approval to commence two six month pilots commencing on the 11th September 2023, one for ward led enablement and one for Community Reablement.

The cost of the Pilots over the 6 months will be £100,000 each, a total value of £200,000 for the two pilots.

The existing integrated reablement service is currently provided by Essex Cares Limited and both pilots can be delivered by Essex Cares Limited under a deed of variation, the total contract variation will be £200,000.

The current annual cost of the Essex Cares Contract is £2,077,267.50, with the £200,000 contract variation, the annual cost of the contract will be £2,277,267.50. The Essex Cares Integrated Reablement contract is currently funded through the Better

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Care Fund, £1,244,150 of the Minimum NHS contribution is allocated for reablement and there is an additional Local Authority contribution to the BCF of £873,730 for reablement which is funded from core funding. The total amount allocated through the Better Care Fund for reablement is £2,117,880, this fully covers the annual contract value of £2,077,267.

With the additional contribution for the two pilots from the ageing well money within the BCF the total contribution from the Better Care Fund to reablement is £2,317,880.

In addition to the core hours commissioned, there has been additional hours commissioned from the provider to cover demand which have been funded by health. The cost of these additional hours are not included in the total contract costs outlined above. These additional costs are agreed annually as part of a contract variation.

The additional costs of £200,000 for the pilots will be met from the Ageing Well money which is part of the Better Care Fund. Funds have specifically been earmarked for these two pilots across the partnership with the Integrated Care Board.

After the Pilots have concluded, analysis will be undertaken as to whether the pilots have been successful and the expected benefits have been achieved.

HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

The recommendations made in this report do not give rise to any identifiable HR risks or implications that would affect either the Council or its workforce.

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have 'due regard' to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex/gender, and sexual orientation.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

The additional service will deliver positive outcomes for older people in Havering.

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ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

There are no environmental and climate change implications of, and risks relating to, the proposed decision.

BACKGROUND PAPERS

None

APPENDICIES

None

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Part C – Record of decision

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

Decision

Proposal agreed

Details of decision maker

Signed



Name: Barbara Nicholls

Cabinet Portfolio held:
CMT Member title: Strategic Director of People
Head of Service title
Other manager title:

Date: 22/08/2023

Lodging this notice

The signed decision notice must be delivered to Democratic Services, in the Town Hall.

For use by Committee Administration

This notice was lodged with me on _____

Signed _____