

Notice of KEY Executive Decision

Subject Heading:	Permission to procure a Dementia Support Service.
Decision Maker:	Councillor Gillian Ford, Cabinet for Health and Adult Care Services
Cabinet Member:	Councillor Gillian Ford, Cabinet for Health and Adult Care Services
ELT Lead:	Barbara Nicholls, Strategic Director of People
Report Author and contact details:	Suzanne West suzanne.west@havering.gov.uk
Policy context:	The Adult Social Care and Support Planning Policy states that Havering's vision is: 'To make sure that people with dementia, their families and carers are supported to live life to their full potential'.
Financial summary:	Total Cost for 3 years + 2 years Contract: £1,250,000.00. The cost will be split funded with health as follows: Year 1 - £250,000.00 (£60,000 LBH / £190,000 ICB) Year 2 - £257,500.00 (£61,800 LBH / £195,700 ICB) Year 3 - £265,225.00 (£63,654 LBH / £201,618 ICB) Year 4 - £273,181.00 (£65,563 LBH / £207,618 ICB) Year 5 - £281,377.00 (£67,530 LBH / £213,847 ICB)
Reason decision is Key	Yes (a) Expenditure or saving (including anticipated income) of £500,000 or more
Date notice given of intended decision:	7 February 2025

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Relevant Overview & Scrutiny Committee:	People's Overview and Scrutiny Sub Committee
Is it an urgent decision?	No
Is this decision exempt from being called-in?	No

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

People - Supporting our residents to stay safe and well **X**

Place - A great place to live, work and enjoy

Resources - Enabling a resident-focused and resilient Council

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

This decision paper is seeking permission to procure a Dementia Support Service. The contract will run from the 1st February 2026 to 31st January 2029 with the option to extend for a further 2 years at a total value of £1,250,000.00. Officers intend to undertake an open tender to appoint a provider to deliver the Dementia Support Service.

AUTHORITY UNDER WHICH DECISION IS MADE

The Havering Constitution:

Part 3: Responsibility for Functions, Article 2 – Executive Functions

Each Cabinet Member, as appropriate, may be delegated one or more of the following functions, within the portfolio allocated to him or her by the Leader. If a Cabinet Member is unable to act, the Leader may act on his or her behalf, or may authorise another Cabinet Member to do so. Matters delegated to individual Cabinet Members under this section give them individual decision making powers. Where any paragraph refers to 'in conjunction with' or 'in consultation with' the decision remains that of the Cabinet Member.

3.8 - To approve the commencement of the tender process, to award contracts, agree extensions of contract terms where the value of such matter is between £1,000,000 and £2,000,000 subject to consultation with the Strategic Director of Resources. (Note: Pension Committee has powers to invite tenders and award contracts for investment matters within their terms of reference).

STATEMENT OF THE REASONS FOR THE DECISION

The Dementia Prevention Service provided by Alzheimer's Society ends on the 31st January 2026.

This paper is seeking a permission to procure a Dementia Support Service. The contract will run from the 1st February 2026 to 31st January 2029 with the option to extend for a further 2 years at a total value of £1,250,000.00.

With the projected increase in our 65+ community developing dementia predicted to rise from 3,756 in 2023 to 4,800 by 2040, there will be a significant impact on health and social care services due to the growing demand for dementia support.

Havering recently published a Joint Dementia Strategy with our NHS colleagues for 2024-2029 which focuses on the following five key priorities:

- Preventing Well – information which focuses on prevention of dementia, early intervention and support
- Diagnosing Well – Access to a timely diagnosis with pre-diagnostic and post-diagnostic support
- Supporting Well - Prevention of crisis and supporting people with dementia, their families and communities
- Living Well – Improving the quality of personalised care and support planning for people with dementia

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- Dying Well – Including planning for the end of life, as well as bereavement support

To align with the priorities in our vision is to create an integrated and holistic approach to adult social care that prioritises the well-being of individuals and communities alike. By championing proactive health measures and fostering a culture of collective responsibility, we aim to empower every individual to achieve their fullest potential in health and life.

We envision a future where preventative services are at the heart of adult social care, promoting not only the physical health but also the emotional, social, and mental well-being of all adults. Our dedication to community well-being means working collaboratively with individuals, families, organisations, residents, voluntary sector, and community providers to build supportive environments that nurture and sustain health across all life stages.

Through education, innovation, and compassionate care, we strive to inspire a sense of empowerment and self-determination in those we serve. Our services will be designed with input from residents, ensuring that the care we provide truly meets their needs and preferences. By partnering with voluntary sector and community providers, we aim to deliver services across the borough effectively. Together, we can create a resilient and thriving community where everyone has the opportunity to live a healthy, fulfilling life.

Background

Since the creation of the Havering Place Based Partnership and the Havering Integrated Team in 2024, we have identified several separately commissioned services that are delivering similar support. For example, the NHS also has a contract with the Alzheimer's Society for Dementia services. As part of this recommissioning exercise, we now aim to leverage these joint resources to deliver better services, ensuring better value for money for our Havering residents. Further information on the LA and NHS commissioned dementia services are below:

Havering Commissioned Services

The Dementia Prevention Services, provided by the Alzheimer's Society, aim to improve wellbeing, sustainability, and social inclusion for those with dementia. They offer two courses.

1. Live Well with Dementia which helps individuals manage their condition through practical advice, mental stimulation activities, and social interaction to maintain cognitive function and overall health. By keeping the mind active and engaged, it can delay the progression of dementia and reduce the need for intensive care. Benefits for residents include improved mental health, reduced isolation, and enhanced quality of life.
2. Carers Information and Support Programme provides carers with essential information and support, offering strategies to handle caregiving challenges and ensuring they are equipped to provide the best care possible. By supporting carers, it helps reduce caregiver burnout and the need for professional care services. Outcomes for residents include better caregiver support, reduced stress levels, and improved overall care quality.

Havering NHS ICB commissioned service

The Dementia Diagnosis Support service commissioned by the ICB offers personalized and responsive support to dementia patients and their carers through non-clinical, emotional aid. It provides information, awareness, advice, and peer support to help promote self-help and ensure service users feel informed and confident about available services.

The service manages caseloads, gives guidance, and directs patients and carers to other services using the most suitable communication methods, including telephone, face-to-face interactions, and group support. By building strong networks with various stakeholders, including the Memory Clinic and Admiral Nursing service, the service ensures an integrated and smooth pathway for users.

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Issues with the current Services

- Confusion and overwhelm for residents and carers: Residents and their carers may find it difficult to navigate between multiple services, leading to frustration and potential mismanagement of care.
- Gaps in care and resource misunderstandings: Having separate services can create gaps in the continuity of care and confusion about what resources are available, resulting in incomplete or inconsistent support.
- Administrative duplication: Two distinct services mean duplicated administrative efforts, which can be inefficient and costly.
- Inconsistent support due to fragmented services: Fragmentation can lead to poor communication between service providers, resulting in inconsistent advice and care for residents.
- Attendance on training courses: Number of attendees are low for the Living Well with Dementia Course.

Joint Strategic Needs Assessment

In addition to these issues our recent Joint Strategic Needs Assessment (JSNA) has highlighted several areas for improvement for our dementia population.

Diagnosis

An early diagnosis of dementia can help people take control of their condition; plan for the future; potentially benefit from available treatments and make the best of their abilities. There is strong evidence that an early diagnosis helps someone with dementia to continue to live independently in his or her own home for longer. 3,121 people are estimated to be living with dementia in Havering. In 2024, the number of people diagnosed was 1,757.

The paper recommends continuing Havering's Dementia Operational Working Group working with NELFT and Admiral nurses to maintain efforts to further increase the completeness of dementia diagnosis and improve access to information and support for patients and their families.

Mental Health

Older people living with dementia may struggle to express how they are feeling which also increases the difficulty of diagnosis. Dementia can also trigger mental health problems, with estimates suggesting that 20-40% of people living with dementia are depressed. It is important that older people can access services which are appropriate for their needs. A target was set in 2011 to increase the proportion of older people referred to IAPT (Improving Access to Psychological Therapies) services to 12%. However, the proportion of users to the IAPT service who are over 65 has remained stable at or below 7%, despite this age group making up 18% of the population.

Benefits of Combining Contracts

By combining the two separate service offers in a new single, holistic service it is expected there will be a range of benefits including:

- Streamlined access for residents and carers: A unified service simplifies the process for residents and carers, providing a single point of contact for all needs.
- Better coordination and communication among care providers: Combining services improves communication and coordination among providers, ensuring residents receive holistic and well-coordinated care.
- Efficient use of resources and reduced administrative burdens: Merging services reduces administrative tasks and costs, allowing for more effective use of resources.
- Consistent and comprehensive care: Integrated services ensure that residents receive consistent, comprehensive care without gaps or overlaps.

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- Improved wellbeing and quality of life for residents: A streamlined, well-coordinated care system enhances the overall wellbeing and quality of life for residents.

Planning for procurement

A review is underway to evaluate both funded services, focusing on what is working well that should be continued, and identifying areas for improvement. This review will also incorporate feedback from service users through focus groups and phone calls. Additionally, a survey has been published to gather residents' feedback on their expectations for prevention services, including dementia support. Discussions have already been held with the Alzheimer's Society regarding broader changes in prevention services and the goal for future dementia services to operate under a community-based model. The aim is to collaborate with other providers to ensure our residents receive comprehensive, holistic support.

The Council has a duty, when undertaking procurements, to ensure it is transparent, treating providers equally and any decision/action is proportionate. We are proposing an open tender with bids will be evaluated 70/30 for price and quality.

Conclusion

Havering Council and the Integrated Care Board (ICB) should jointly commission a comprehensive dementia support service that encompasses pre and post-diagnosis care and prevention. By doing so, residents will benefit from an integrated approach to dementia care, ensuring that support is available at every stage of the condition. Early diagnosis and intervention can significantly improve the quality of life for individuals living with dementia, allowing them to receive timely treatment, support, and information to manage their condition effectively.

Furthermore, a jointly commissioned dementia support service would enhance access to care for residents. By streamlining services and creating a unified pathway, individuals will find it easier to navigate the healthcare system and receive the assistance they need promptly. This approach will also foster better communication and coordination among healthcare providers, leading to more personalized and effective care plans tailored to the unique needs of each patient.

Lastly, the implementation of a dementia support service will reduce the strain on healthcare resources in the longer term. By focusing on prevention and early intervention, the progression of dementia can be slowed, and the need for more intensive and costly treatments can be minimised. This proactive approach will not only align with our current dementia strategy, but will enhance the well-being of residents and ensure that healthcare resources are used more efficiently, ultimately benefiting the entire community.

OTHER OPTIONS CONSIDERED AND REJECTED

Option 1 - Do nothing

There is the option to do nothing and stop providing Dementia Prevention Service when the contract ends on the 31st January 2026. This option is not advised as preventative services in social care are essential for promoting the well-being and quality of life of residents and social benefits include improved quality of life, greater health equity, and stronger community bonds.

Option 2 – Continue as is

Although it is possible to extend the current contract in line with the built in extension, this option is not recommended at this time. While extending the contract would ensure continuity of services and pose no immediate risks, this approach will not address the current inefficiencies

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or enhance the over quality and integration of the services provided. There is a pressing need to recommission a service that is more efficient and holistic.

PRE-DECISION CONSULTATION

None

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

Name: Suzanne West

Designation: Commissioner Age Well

Signature: *S. West*

Date: 12/03/2025

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

The Council has a general power of competence under section 1 of the Localism Act 2011 to do anything an individual may generally do subject to any statutory limitations. The Council has the power under this section to agree to the proposals in the recommendations.

The value of the proposed contract is £1,250,000 over 5 years which is above the threshold for light touch services as set out in Schedule 1 of the Procurement Act 2023. Therefore, any procurement activity must comply with the Procurement Act 2023. Officers intend to undertake an open procurement which is in compliance with Section 20(2)(a) of the Procurement Act 2023.

The proposed open tender is compliant with the requirements of both the Procurement Act 2023 and the Council's Contract Procedure Rules for contracts of this nature.

FINANCIAL IMPLICATIONS AND RISKS

This paper is seeking a permission to procure a Dementia Support Service. The contract will run from the 1st February 2026 to 31st January 2029 with the option to extend for a further 2 years at a total value of £1,250,000.00.

The annual estimated costs of the service are detailed below:

Year 1 - £250,000.00 (£60,000 LBH / £190,000 ICB)

Year 2 - £257,500.00 (£61,800 LBH / £195,700 ICB)

Year 3 - £265,225.00 (£63,654 LBH / £201,618 ICB)

Year 4 - £273,181.00 (£65,563 LBH / £207,618 ICB)

Year 5 - £281,377.00 (£67,530 LBH / £213,847 ICB)

LBH currently commission a dementia service and the ICB also commission a separate dementia service. Under the place based working, a more joined up approach to commissioning services is now being identified. There will be a pooling of resources from LBH and from the ICB to commission one dementia service which will be more efficient and effective. The contract will be funded from LBH resources and from ICB resources, the breakdown of the split is shown above.

The total commitment over the life of the contract for LBH is estimated to be £318,547.

The relevant governance processes should be enacted to ensure the ICB funding is forthcoming before going out to tender.

The current dementia prevention service that LBH commissions has a contract value of £82,989 and this is funded from the Better Care Fund. There is sufficient resource available to fund LBH's contribution to the service.

A review is currently being undertaken to establish what needs to be included within the new service. A request has been made by finance to review the service specification alongside the KPIs before going out to tender to ensure this contract is value for money. Due to this being unavailable pending the service review, no assurance can be given on the value for money of the contract at this time.

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

The recommendations made in this report do not give rise to any identifiable Human Resources implications or risks.

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

Havering has a diverse community made up of many different groups and individuals. The council values diversity and believes it essential to understand and include the different contributions, perspectives and experience that people from different backgrounds bring.

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, gender, race and disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

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.

An EqHIA (Equality and Health Impact Assessment) is usually carried out and on this occasion this isn't required.

The Council seeks to ensure equality, inclusion, and dignity for all in all situations.

There are not equalities and social inclusion implications and risks associated with this decision.

HEALTH AND WELLBEING IMPLICATIONS AND RISKS

The recommendations made in this report do not give rise to any identifiable Health and Wellbeing implications or risks.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

The recommendations made in this report do not give rise to any Environmental or Climate Change implications or risks.

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BACKGROUND PAPERS

None

APPENDICES

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

Delete as applicable

Proposal NOT agreed because

Details of decision maker

Signed

Name:

Cabinet Portfolio held:

CMT Member title:

Head of Service title

Other manager title:

Date:

Lodging this notice

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

For use by Committee Administration

This notice was lodged with me on _____

Signed _____