

Notice of Non-Key Executive Decision

Subject Heading:	Contract Variation for Age UK Older Frail Preventative Services
Decision Maker:	Barbara Nicholls Strategic Director of People
Cabinet Member:	Councillor Gillian Ford
ELT Lead:	Barbara Nicholls Strategic Director of People
Report Author and contact details:	Michelle Purcell Michelle.purcell@havering.gov.uk
Policy context:	The Adult Social Care and Support Planning Policy states that Havering's vision is: 'Supporting excellent outcomes for the people of Havering by helping communities to help themselves and targeting resources and interventions to encourage independence'
Financial summary:	The contract variation is to include the Acute Frailty Service (AFS) which has previously been managed by the ICB. The variation is from 1 st April 2025 – 31 st January 2026 and will cost £37,500.00. This will be paid from Adult Social Care budget and funds are available. This variation will bring the total contract value to £351,460.00.
Relevant Overview & Scrutiny Sub Committee:	People's Overview and Scrutiny Sub Committee.

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Is this decision exempt from being called-in?	<i>The decision will be exempt from call in as it is a Non key Decision</i>
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Non-key Executive Decision

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

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DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

The decision is to make a variation to the current Age UK Older Frail Preventative Services contract and include the Acute Frailty Services from 1st April 2025 – 31st January 2026.

The Acute Frailty Service contract had previously been commissioned by the Integrated Care Board (ICB), but as we are now an integrated team it makes sense to include this element of the contract within the current Older Frail Preventative contract. Both are provided by Age UK.

The Older Frail Preventative contract ends on 31st January 2026 and a full tendering process will commence in June 2025 to redesign our preventative services, so this variation allows for continuity of service while we under take this piece of work.

The variation will cost £37,500 for the period 1st April 2025 – 31st January 2026 and will be paid from Adult Social Care budget. The funds have always sat with London Borough of Havering and do not need to be transferred over from the ICB.

This variation will increase the Age UK contract total to £351,460.00.

AUTHORITY UNDER WHICH DECISION IS MADE

The Havering Constitution:
Part 3 of the Council's Constitution
Scheme 3.3.3 Powers common to all Strategic Directors

4. Contracts

4.2 To award all contracts with a total contract value of below £1,000,000 other than contracts covered by Contract Procedure Rule 16.3. This delegation shall include the ability to extend or vary a contract up to and including a value of £1,000,000 (provided that the extension is in line with the existing contractual provisions.)

STATEMENT OF THE REASONS FOR THE DECISION

The Council is looking to make this contract variation to ensure continuity of service, while reviewing the preventative services and prepare for a full retendering process.

The current Age UK Older Frail Preventative Service contract started on 1st February 2022 and ends on 31st January 2026 at a cost of £313,960.00.

The Age UK Acute Frailty Service will be incorporated into this contract from 1st April 2025 to 31st January 2026 and will cost £37,500.

Acute Frailty Service Contract

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The demand for primary and secondary health care across the UK is rising due to an ageing and growing population and an increase in the prevalence of people living with long term conditions. The latest projections suggest that the number of people aged over 85 will increase by two thirds by 2029. As a result Acute Trusts and Primary Care are under severe pressure.

Nationally, the annual growth in A&E attendances shows no sign of declining. Patients aged 75 years and over account for over 12% of all A&E attendances, nearly half of these attendances end in admission to hospital.

The rates for emergency admissions locally are higher than in many other areas of the country, especially for acute conditions that should not usually require hospital admission:

Admissions can be avoided using different models of care across the whole health economy, most notably in the community and primary care.

Locally, Acute Frailty Service (AFS) is being introduced to counter the above. AFS in its pure form is an intermediate care type model which treats individuals who are at medium or high risk of admission and are better supported at home through an integrated, multi-agency team comprising of health, social care and voluntary sector services. The majority of these services are in place however the gaps in provision to enable the more complex but relatively medical stable patients to be treated at home.

Further building blocks need to be put in place for a sustainable service delivered. AFS will then be a pathway for these patients to be treated at home or discharged from hospital to treat at home. The level of activity for this service is the gap in provision currently where ultimately, this cohort eventually comes into ED and will likely result in a hospital admission.

This service specification will help the AFS programme by providing a link between the client and the health and social care professionals and help address people's difficulties in navigating health and social care systems.

This service specification is based on the successful Age UK Integrated Care Service provided to patients with multiple long term conditions by integrating Age UK Care Navigator Teams within health and social care multidisciplinary teams.

The Acute Frailty Service aims to:

- support people with multiple long-term conditions to self-manage ensuring they have maximum support at home, enabling choices and access to services in the community to achieve the best possible quality of life and independence
- support integration of services across health, social care and voluntary sectors
- reduce demand on statutory services to prevent avoidable hospital admissions, residential care placements and GP referrals.

Referral route

- Referrals will be via staff within the AFS team such as Frail Older Persons Advice and Liaison (FOPAL), Community Treatment Teams (CTT), Intensive Rehabilitation Service (IRS) and other services within Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) and Whipps Cross Hospitals and community services.
- All patients to be referred directly to Age UK Redbridge, Barking & Havering via email.
- Anyone that does not fit the AFS criteria but would benefit from Care Navigation support can be referred through the same process.

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OTHER OPTIONS CONSIDERED AND REJECTED

1. Do nothing – if the Council did nothing the current Acute Frailty contract would end on 31st March 2025 leaving a gap in service, therefore this was rejected.

PRE-DECISION CONSULTATION

None.

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

Name: Michelle Purcell

Designation: Commissioner Age Well

Signature: *M. Purcell*

Date: 03.04.25

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

The Council must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will contribute towards preventing or delaying the development by adults in its area of needs for care and support; contribute towards preventing or delaying the development by carers in its area of needs for support; reduce the needs for care and support of adults in its area and reduce the needs for support of carers in its area in accordance with section 2 of the Care Act 2014. The Council is making a decision to vary a contract to include acute frailty services for that purpose.

The Council has the power to vary the contract through section 111 of the Local Government Act 1972, which allows the Council to do anything which is calculated to facilitate or is conducive or incidental to the discharge of any of its functions, and through its general power of competence in section 1 of the Localism Act 2011 to do anything an individual can do, subject to certain limitations. None of the limitations apply to this decision.

The total value of the varied contract is below the applicable public procurement threshold for the light touch regime stipulated in the Procurement Act 2023 ("PA") of £663 540. Therefore, the variation of this contract is not subject to the full PA regime.

For these reasons, the Council can vary the contract.

FINANCIAL IMPLICATIONS AND RISKS

The decision paper is seeking approval to make a variation to the current Age UK Older Frail Preventative Services contract and include the Acute Frailty Services from 1st April 2025 – 31st January 2026.

The Acute Frailty Service contract had previously been commissioned by the ICB, but due to integration between the London Borough of Havering (LBH) and ICB the contract will now be commissioned as one contract as both are provided by Age UK.

The total cost of the variation will be £37,500 and this will be funded from the ageing well funding, this is ICB funding that sits with LBH and any spending against the fund is agreed at Havering place Partnership Board.

This is one off funding, if the variation of the contract is to continue then alternative funding will need to be sought.

This variation will increase the Age UK contract total to £351,460.00.

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

There are no HR implications or risks.

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

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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 demonstrates its commitment to the Equality Act in its decision-making processes, the provision, procurement and commissioning of its services, and employment practices concerning its workforce.

In addition, the Council is also committed to improving the quality of life and wellbeing of 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.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

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

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

Details of decision maker

Signed



Name: Barbara Nicholls

Cabinet Portfolio held:

CMT Member title:

Head of Service title: Strategic Director of People

Other manager title:

Date: 4 August 2025

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 _____

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