

# Report to Cabinet

15 November 2023

<b>Subject:</b>	Community Based Provision – Reablement Service within Sandwell
<b>Cabinet Member:</b>	Cabinet Member for Adult, Social Care and Health, Councillor Suzanne Hartwell
<b>Director:</b>	Director of Adult Social Care, Rashpal Bishop
<b>Key Decision:</b>	Yes
<b>Contact Officer:</b>	Operational Head – Commissioning Daljit Bhangal <a href="mailto:daljit_bhangal@sandwell.gov.uk">daljit_bhangal@sandwell.gov.uk</a> Commissioner – Older Peoples Services Emily Cox <a href="mailto:emily_cox@sandwell.gov.uk">emily_cox@sandwell.gov.uk</a>

## 1 Recommendations

It is recommended that Cabinet:

- 1.1 Extend the current six Promoting Independence: Care at Home Service contracts with 5 existing providers, which are ending on 2 February 2024 to 2 June 2024 (this covers contract refs ASC089 and ASC121).
- 1.2 That in connection with 1.1 above, an exemption to the Council's Contract Procedure Rules be approved to enable a short-term extension of four months to allow a new requirement to be scoped out, specified and a tender process to be run, and to allow the Director of Adult Social Care to award contracts to the successful tenderer in the event that the required minimum number of tenders are not received.
- 1.3 Authorise the Director of Adult Social Care to complete a procurement exercise in order to secure a Reablement Service in Sandwell, which will replace the current Promoting Independence: Care at Home Service contracts from 3 June 2024.



- 1.4 Authorise the Director of Adult Social Care to award the contract referred to in 1.3 above and enter into a Contract with the successful bidders, on terms to be agreed with the Director of Adult Social Care, for the provision of a Reablement Service in Sandwell to commence on 3 June 2024 to 2 June 2026 with an option to extend for 2 x 12 month periods – 3 June 2026 to 2 June 2027 and 3 June 2027 to 2 June 2028).
- 1.5 That the Director - Law and Governance and Monitoring Officer, or their designated representative, execute any documents necessary within a reasonable time.
- 1.6 Approve variations to the Contract referred to in 1.1 and 1.4 up to a maximum of 10% of the contract value, should they be necessitated, and that authority to approve such variations be delegated to the appropriate Chief Officer in consultation with the Cabinet Member for Adult, Social Care and Health.
- 1.7 Approve the proposed Reablement Service in Sandwell to mirror the prevailing standard Domiciliary Care rate paid including any uplifts applied for the duration of the contract with variations to the contract being undertaken in consultation with the appropriate Chief Officer.
- 1.8 Approve the proposed Reablement model as set out in Appendix One.




## 2 Reasons for Recommendations

- 2.1 There is no further extension option available in the current ASC089 and ASC121 Promoting Independence Contracts as all extensions within these contracts, which end on 2 February 2024 have been utilised. However, an extension of four months (from 3 February 2024 to 2 June 2024) in line with Regulation 72 (1) (b) of the Procurement Regulations will allow further review and development of the model whilst also allowing a procurement exercise to be undertaken.
- 2.2 Further to the extension of the current contracts being agreed, the authorisation to commence the procurement process and award contracts to the successful bidders will ensure there are appropriate agreements in place from 3 June 2024.



- 2.3 Approval of the extension and proposed new contract will ensure that Adult Social Care (ASC) can assist people to be discharged home from hospital as soon as they are medically optimised thereby relieving pressure on acute beds. In addition, the contract will also allow admission avoidance by providing care and support to individuals thereby eliminating the need for a hospital admission.
- 2.4 The term of the agreements will afford additional security for providers in the market, consistency for service users, as well as for internal teams in Social Work and Brokerage.
- 2.5 The proposal will create more providers to enable greater availability and increased choice for service users.

### 3 How does this deliver objectives of the Corporate Plan?

	<p><b>People Live Well and Age Well</b> The Reablement Service in Sandwell will support people to live longer, healthier lives and maintain independence with the care and support they need.</p>
	<p><b>Strong Resilient Communities</b> Commissioning recommendations suggest the model of Reablement care in Sandwell should be more outcome focused, person centred and integrated.</p> <p>Sandwell Council, together with its partners, is committed to supporting individuals' timely discharge from hospital and enabling them to live independent lives within their own communities. This Reablement provision is designed to provide them with timely care and support needed to enable them to return back to their own homes or avoid admission into hospital.</p>
	<p><b>A Strong and Inclusive Economy</b> Given the nature of the service and delivery of it to vulnerable people who reside in Sandwell, the successful organisations are very likely to employ people from the local area, supporting the local economy.</p>



## 4 Context and Key Issues

- 4.1 The Council is statutorily required under the Care Act 2014 to carry out an assessment of anyone who appears to require care and support. Where someone is in hospital, under Discharge to Assess (D2A), funders are required to undertake assessments away from an acute bed setting.
- 4.2 For around half of the people being discharged from hospital, it is expected they will need a period of care, rehabilitation or reablement. The proposed service will provide a reablement service free of charge for up to six weeks in order to promote independence and recovery, and until assessment for long-term care is undertaken.
- 4.3 The Council currently commissions a Promoting Independence: Care at Home Service under the ASC089 and ASC121 contracts, which delivers 1500 hours of care per week. Contracted providers receive referrals for people either being discharged from hospital or for people in the community to avoid hospital admissions. The block contracts ensure there is guaranteed provision available that can meet the demands for a more expedited timeframe given the need to ensure that delayed transfers of care are minimised and also with the aim of hospital avoidance for those already in the community. The prevailing domiciliary care hourly rate is paid (80% block purchased, and 20% spot purchased).
- 4.4 The following contracts for Promoting Independence are commissioned in order to support timely hospital discharge and admission avoidance and Cabinet is recommended to approve an extension to further review and develop the future model whilst also allowing time to procure the proposed new model.



Care Provider	No. of hours per week	Contract Start	Contract End	Fees
Awarding Care	250 hours	03/02/21	02/02/24 – extend to 02/06/24	£18.40 per hour  *this is uplifted in line with the prevailing domiciliary care hourly rate  Contracts are paid 80% on a block guaranteed basis and 20% spot purchased basis.
Custom Care	250 hours	03/02/21	02/02/24 – extend to 02/06/24	
DHC Midlands Limited	250 hours	03/02/21	02/02/24 – extend to 02/06/24	
Sage Care	250 hours	03/02/21	02/02/24 – extend to 02/06/24	
Sage Care	250 hours	03/07/23	02/02/24 – extend to 02/06/24	
Trust In Care	250 hours	03/07/23	02/02/24 – extend to 02/06/24	

4.5 The current Promoting Independence contract value is £1.2 million per year (£3.6 million for 3 years), with a current hourly rate of £18.40 and additional £25 or £50 assessment fee per package (dependent on response times).

4.6 Whilst the existing contracts support delayed transfers of care and hospital avoidance, it is essentially domiciliary care being provided at a faster pace and for a shorter period of time to allow care needs to be assessed and long-term provision to be determined. Outcome focused monitoring which is centred around reablement progress across a given period of time has not been undertaken to date by commercial providers, as well as these outcomes being agreed and reviewed throughout. This has not been a requirement to date in existing contracts and it is recognised this level of monitoring and review needs to be built into any future Service. Therefore, a Reablement Service is proposed to be procured in order to replace current provision.



4.7 Throughout the contract there will be partnership working with other teams and professionals such as therapy teams, linking in with the Moving with Dignity and Single Handed Care project in order to work with service users to look at potential reductions in care, creating financial efficiencies.

## **Consultation and Market Engagement**

4.8 Consultation has been carried out with other Local Authorities, internal Teams / Officers, the Integrated Care Board (ICB) and both existing providers of the Promoting Independence Service and other domiciliary care contracts. Consultation comprised of establishing what was commissioned in other areas of the Country in relation to Reablement Services, liaising with internal teams around the future model, how it would look on the system and how we would refer in, and seeking a view from the ICB as a referrer into the future service and capacity/ resource in order to support in respect of Therapy for hospital discharges. Perspectives of providers on the future model were also sought, which is outlined in more detail below (4.9).

4.9 A Market Engagement Questionnaire was published on In-Tend, from 23 August to 13:00 hours on 8 September 2023, for the wider market to respond to. A total of 12 responses were received with feedback covering areas as follows:

- a transparent pricing structure
- a sustainable hourly rate paid on a block purchased basis which would enable shift pay to deliver better outcomes
- providers identified a 6-12 weeks service had been delivered in other boroughs, providing double up packages and providing a borough wide reablement service elsewhere has worked well
- incentives have been mentioned such as payment of travel time for staff and an enhanced hourly rate/ additional fees for reducing packages of care
- providers have seen the benefits of input from occupational therapists and physiotherapists as being key in the successful delivery of a reablement service.



4.10 Consultation will continue with internal colleagues from Social Workers, Brokerage, the Contracts Team and Sandwell's in-house frontline service (STAR).

## 5 Alternative Options

5.1 Re-procure like for like.

The current Promoting Independence service is a domiciliary care service with a promoting independence ethos. The new model would be ensuring Providers are delivering a reablement service with a clear focus on outcomes and reducing long term care needs, with financial efficiencies anticipated as a result due to the preventative and strength-based focus.

5.2 Do not extend current contracts:

This is not considered a viable option. If current Promoting Independence contracts are not extended, this will leave insufficient time to run a compliant procurement exercise, ultimately leaving a gap in provision, which would put the Council in breach of its statutory duty.

5.3 Do not re-procure:

This is not considered a viable option. To not re-procure a new service to replace existing provision and allow the current contracts in place to lapse. There will be increased delays in hospital and people not benefiting from admission avoidance leading to system pressure, as a result.

5.4 Do not procure and the Council become the provider of last resort.

This is no considered a viable option as resource is not available.

5.5 Allow the current contracts to lapse and procure the provision on a spot purchased basis.



This is not considered a viable option. There would be no guaranteed hours in the market to support hospital discharges or to prevent unnecessary admissions to hospital.

## 6 Implications

<p><b>Resources:</b></p>	<p>The aggregate value over the lifetime of the proposed contract is as per the below, however inflationary uplifts will need to be applied in April of each year when the Domiciliary Care rate is uplifted, which the proposed service will mirror. Therefore, the total figure below is exclusive of inflationary uplift.</p> <table border="1" data-bbox="416 629 1536 891"> <thead> <tr> <th>Yr1 03/05/2024 to 02/05/2025</th> <th>Yr2 03/05/2025 to 02/05/2026</th> <th>Yr3 (extension) 03/05/2026 to 02/05/2027</th> <th>Yr4 (extension) 03/05/2027 to 02/05/2028</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>£2,131,529.60</td> <td>£2,131,529.60</td> <td>£2,131,529.60</td> <td>£2,131,529.60</td> <td>£8,526,118.40</td> </tr> </tbody> </table> <p>The funding for this service would be from the Better Care Fund and paid for on a block basis. The Joint Partnership Board agreed on 1 November 2023 to fund the new proposed service as per the above annual contract value, plus annual inflationary uplifts.</p> <p>There are no anticipated human resource implications for the Council arising from the award of the Agreements.</p> <p>There are no implications for the Council's material assets.</p>	Yr1 03/05/2024 to 02/05/2025	Yr2 03/05/2025 to 02/05/2026	Yr3 (extension) 03/05/2026 to 02/05/2027	Yr4 (extension) 03/05/2027 to 02/05/2028	TOTAL	£2,131,529.60	£2,131,529.60	£2,131,529.60	£2,131,529.60	£8,526,118.40
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£2,131,529.60	£2,131,529.60	£2,131,529.60	£2,131,529.60	£8,526,118.40							
<p><b>Legal and Governance:</b></p>	<p>The service proposed to be contracted falls under the Light Touch Regime of the Public Contracts Regulations (PCR) 2015 which allows for greater flexibility for how a procurement is run. However, while there is greater flexibility, the aggregate value of the contract will exceed the PCR15 Light Touch Threshold. A fully compliant tender process will be undertaken in accordance with both the Council's Procurement and Contract Procedure Rules and the Public Contracts Regulations 2015.</p> <p>The Council's Procurement and Contract Procedure Rules require the Cabinet to approve the award of contracts for the estimated value of the service and this paper seeks such authority.</p>										





	<p>Legal advice will be sought on the proposed new model and the term of the Agreements, and the procurement documentation will be agreed with legal representatives before the opportunity is put out to market.</p>
<p><b>Risk:</b></p>	<p>The risks identified in respect of the recommendations being sought, in the separately completed Risk Assessment include:</p> <ul style="list-style-type: none"> <li>- Approval not achieved</li> <li>- Lack of interest from the market</li> <li>- Provider recruitment of staff and retention</li> <li>- Performance and service delivery</li> <li>- Funding not secured</li> <li>- Lack of Performance Monitoring resources</li> <li>- Provider sustainability</li> </ul> <p>Risks of not extending contracts are:</p> <ul style="list-style-type: none"> <li>- Gap in service</li> <li>- Increased delays in hospital and people not benefiting from admission avoidance leading to system pressure, as a result</li> <li>- Increase to inappropriate hospital admissions</li> </ul> <p>These risks have been evaluated and sufficient actions have been identified in the risk assessment to ensure the risks are mitigated to an acceptable level.</p> <p>It is considered that sufficient mitigation is in place so that the proposed contract delivers against the service specification.</p> <p>There are no red risks that require reporting.</p>
<p><b>Equality:</b></p>	<p>An Equality Impact Assessment has been undertaken and the outcome of the same suggests there are no negative or adverse impacts on any protected groups.</p> <p>There are no significant equality issues arising from this report. The commissioning of this provision will ensure that vulnerable people in need of care, including protected groups, will benefit from timely support, and therefore there are benefits to some of the protected characteristics</p>



<b>Health and Wellbeing:</b>	<p>To support the easing of pressure on acute hospitals through admission avoidance, this service is required to assist vulnerable people for whom the Council has a statutory duty through the provision of timely care and support upon discharge from hospital.</p> <p>Given the nature of the service and delivery of it to vulnerable people who reside in Sandwell, the successful organisations are very likely to employ people from the local area, supporting the local economy.</p>
<b>Social Value:</b>	<p>Providers are supported and encouraged to recruit locally and engage with Colleges/Universities, and to procure local goods and services so support local communities.</p> <p>Social value has a fixed minimum % amount in the tender scoring process to allow the impact to be crucial to the outcomes.</p>
<b>Climate Change:</b>	<p>There are no climate change implications in this report.</p>
<b>Corporate Parenting:</b>	<p>There are no Corporate Parenting responsibilities in this report.</p>

## 7. Appendices

None.

## 8. Background Papers

Procurement and Contract Procedure Rules

