

Forward Plan reference number: Not applicable

Report title: Agreement to Funding for the Adult Social Care COVID 19 Response and Agreement to Enter into a Contract for Care Technology to assist with the Response	
Report to: Councillor David Finch, Leader of the Council	
Report author: Nick Presmeg - Executive Director for Adult Social Care	
Date: 3 April 2020	For: Decision
Enquiries to: Laura Davis-Hughes, Head of Finance - Adult Social Care	
County Divisions affected: All Essex	

1. Purpose of Report

- 1.1 To agree additional funding for adult social care for the purposes of securing additional care technology in order to continue to support our most vulnerable service users, where service provision may be affected during the COVID-19 emergency.
- 1.2 To agree for a waiver of Essex County Council's ("ECC") Procurement Policy and Procedures to allow ECC to enter into a short-term contract for remote monitoring software and equipment to enable continuity of care delivery to vulnerable adults, including shielded individuals, via a virtual delivery model during the COVID-19 pandemic.

2. Recommendation

- 2.1 That £1.2m be earmarked from General Balances in 2020/21 to support our most vulnerable service users with care technology for a maximum period of six months.
- 2.2 To agree the award of a contract to Alcove Carephone for rapid installation and rollout of equipment and remote monitoring software to enable continuity of care delivery via a virtual model to vulnerable people in Essex for a 6 month period with an option to extend the contract for 6 further periods of one month should the COVID-19 urgent need continue.
- 2.3 To agree that the Executive Director for Adult Social Care is authorised to approve the final terms of the contract (in consultation with the Cabinet Member for Finance) and enter into a new contract for the purposes set out in this report, and to agree any necessary extension up to the financial limit set out in this report.

3. Summary of Issue

- 3.1 The global outbreak of coronavirus (COVID-19) is affecting the UK. The number of cases has grown significantly since early March. The frail and elderly are the

most vulnerable. The health and care sectors are significantly affected and face high demand and pressures on workforce due to COVID-19 related absences.

- 3.2 Urgent preparation, to ensure an effective response to 'COVID-19', is taking place across the Council and with our providers. We need to ensure the safety and wellbeing of people in Essex and our most vulnerable residents and maintain the provision of statutory duties.
- 3.3 It will be vitally important during the period of the COVID-19 response to ensure that existing service users, those being shielded and those being discharged from hospital as new service users, can get access to support at this time.
- 3.4 The COVID-19 pandemic has led to unprecedented Government measures taken to increase social isolation and slow the spread of the disease. Citizens and residents in the United Kingdom have been told to stay home and only leave the house in four specified circumstances. However, ECC still has a responsibility to its vulnerable residents to:
 - Protect them from risk of infection, so far as is possible
 - Support them to self-isolate
 - Enable them to continue receiving necessary care and support.
- 3.5 Care technology can provide an easy and safe way for carers to contribute to supporting vulnerable people. It can also ensure that care workers self-isolating can also continue to work through the ability of video calling. Additional technologies already in use, such as wearable call-alarm pendants, are also a part of the proposed solution.
- 3.6 This report is to request funding to enable a direct award of a contract for care technology for an interim period, specifically in response to the COVID-19 crisis to enable those shielded, self-isolating or unable to receive care due to carer sickness or isolation to still receive a virtual support and service at this time and to delegate authority for the negotiation, award, and possible extension of that contract on the terms set out in this report.
- 3.7 The proposed service provision set out in this report will enable vulnerable residents to continue to receive care and support in the event that the number of available care workers reduces. The provision simultaneously offers an alternate method of care delivery that maximises care workforce productivity and may assist in maintaining a higher level of healthy care workers by enabling increased social distancing and protecting the care workers from disease and infection risks. It will also enable ECC's front-line services to better manage a dip in care capacity if the workforce reduces through sickness while service demands escalate.
- 3.8 Where care workers are self-isolating, they will be able to continue to work and provide a service. Virtual video check-in can be done remotely and will increase productivity and capacity by eliminating travel time.

- 3.9 The proposed service provision will enable an easy and safe method for family members, neighbours, and local community services to contribute to supporting vulnerable people.
- 3.10 ECC's immediate priorities are to:
- Provide a low risk response to sustaining care and independent living for service users (existing or new) in the shielded cohort who have care needs that could be met through a virtual / remote model
 - Enable diversion of limited and reducing resources to vulnerable older people in the high-risk cohort who are self-isolating and need a sustainable care response through enabling a less resource-intensive provision to lower risk users
 - Use virtual care solutions to help manage flow and demand.
- 3.11 This is a very real and current issue as the homecare market are already facing largely depleted staff numbers meaning that total care hours being provided are well under those commissioned.
- 3.12 Alcove has confirmed that it has the equipment and capacity to meet the requirement. To allow the service to mobilise with speed and agility, Alcove would work with RETHINK Partners to deploy, mobilise and support the solution.
- 3.13 It is proposed that roll out could be complete within 8 weeks, with the first devices arriving within 10 working days of confirmation of a contract, issue of purchase order, and receipt of first wave funds by Alcove (required to secure hardware for ECC). This could be fast tracked in the later stages by increasing the number of tablets issued per week; the key dependency is the identification and on-boarding of service users and care providers.
- 3.14 A procurement for an overall care technology solution is underway. However, this contract award is proposed as an emergency measure that is urgently needed to respond to the COVID-19 pandemic. The proposed service is a short-term emergency measure and is not intended to supersede the ongoing procurement although any assets purchased as part of this contract will need to be built into ECC's future service requirements.

4. Reason for Using Urgency Powers

- 4.1 ECC is experiencing extremely challenging conditions as COVID-19 takes effect. Adult Social Care needs to be able to take all necessary action to fulfil its duties during this period and reassure providers, service users, and partners in the NHS of its capacity to do so.
- 4.2 MHCLG wrote to councils on 20 March to confirm a funding allocation to help local authorities, with £37.4m received by Essex County Council. This funding is to help address all pressures faced by the Council during the response to the COVID-19 pandemic.

5. Financial Implications

- 5.1 ECC already has a care technology pilot operating in the South and careline provision in other areas of the County which will continue to operate and are funded from existing budgets.
- 5.2 This additional and alternative care technology is for those currently shielded and those isolated without care when care would normally be available to them. Therefore, this is an additional cost, estimated to support approx. 2,000 service users who could require additional support through virtual care technology whilst face to face support is not available. Approval is sought to commit expenditure and enter into new contracts up to the value of £1.2m based on a six month requirement. This could include the cost of buying equipment, provision of a monitoring service and a delivery partner to support with rapid deployment.
- 5.3 The actual spend associated with this decision will be kept under review over the coming weeks and months.
- 5.4 The expectation is that the General Balance will be replenished from the emergency funds made available by Government in the short term to ensure resilience for other areas.
- 5.5 The cost of purchasing and installing over an 8-week period with monitoring for 6 months is detailed in Table 1. These costs are based on the Kent technology and deployment model. The costs are based on deployment of 2000 units to include the 1500 identified as low risk (green) service users plus 500 to support the shielded cohort.

Table 1

Costs	£'000
Equipment	£1,032
Management and Delivery Partner	£87
Communications	£20
TOTAL	£1,139

7 Legal Implications

- 7.1 Regulation 32(2)(c) of the Public Contract Regulations 2015 allows the use of the negotiated procedure without prior publication of a contract notice where it is strictly necessary because reasons of extreme urgency brought about by events unforeseeable by the contracting authority mean that the time limits for the open or restricted procedures or competitive procedures with negotiation cannot be complied with. Regulation 32(2)(c) is limited in that the circumstances invoked to

justify extreme urgency must not in any event be attributable to the contracting authority.

- 7.2 Government guidance issued by the Cabinet Office on using Regulation 32 during the COVID-19 pandemic is set out in Procurement Policy Note 01/20. The Guidance states that “COVID-19 is serious and its consequences pose a risk to life. Regulation 32(2)(c) of the PCRs is designed to deal with this sort of situation” however there is always the risk that the Court does not uphold this view.
- 7.3 When using Regulation 32, the contract should be limited to the length of time and scope of services that are strictly necessary to respond to the emergency. Contract awards under Regulation 32 are, as other procurement decisions, subject to legal challenge.
- 7.4 ECC must publish a contract award notice within 30 days of awarding the contract.
- 7.5 ECC will need to put in place arrangements with those receiving care in this way such that ECC have the right to remove the devices and redeploy them when needed.
- 7.6 ECC will also need to consider how it integrates any kit purchased as part of this Contract into the procurement that is underway.

8 Equality and Diversity Implications

- 8.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:
 - (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful.
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 8.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that ‘marriage and civil partnership’ is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 8.3 The recommendations in this report are designed to ensure that the Council meets the need of social care users, most of whom are disabled. In view of the urgency of this decision a full equality impact assessment has not been undertaken but we do not believe that there will be a significant adverse impact on any people with a protected characteristic.

8. List of Appendices

None

9. List of Background Papers

None

I approve the recommendations set out above for the reasons set out in the report.	Date
Councillor David Finch, Leader of the Council	07.04.20

In consultation with:

Role	Date
Cabinet Member Health & Adult Social Care	
Councillor John Spence	03.04.20
Executive Director of Adult Social Care	
Nick Presmeg	03.04.20
Director for Finance (deputy S151 Officer)	
Stephanie Mitchener on behalf of Nicole Wood S151 Officer	03.04.20
Director, Legal and Assurance (Monitoring Officer)	
Katie Bray on Behalf of Paul Turner	03.04.20

Exemption from call in

I agree that it is in the best interests of the Council for this decision to be implemented urgently and therefore this decision is not subject to call in (paragraph 20.15(xix) of the constitution applies).

Councillor Mike Mackrory – Chairman of the Corporate Policy and Scrutiny Committee

Dated: 7 April 2020