

Forward Plan reference number: N/A

Report title: Direct award of Reablement In-Reach Contract to Essex Cares Limited (ECL)	
Report to: Nick Presmeg, Executive Director Adult Social Care	
Report author: Matthew Barnett, Head of Strategic Commissioning and Policy	
Date: 5 December 2023	For: Decision
Enquiries to: Jo Grainger, Commissioning Manager, jo.grainger@essex.gov.uk or Dave Grosch, Procurement Assistant Manager, dave.grosch@essex.gov.uk	
County Divisions affected: North-East and West Essex	

1. Everyone's Essex

- 1.1. Everyone's Essex sets out the Council's commitment and ambition to improve and support the health and wellbeing of the County's residents. This includes our commitment to support people with care needs to be as independent as possible through access to suitable accommodation, and to ensure they have the support they need to promote their wellbeing and quality of life.
- 1.2. The Care Act 2014 places a duty on local authorities to promote a sustainable market for care and support that delivers high quality services for all local people (however that care is funded).
- 1.3. Under the Care Act 2014, the Council has a statutory duty to meet eligible needs. Providing access to suitable accommodation with care and support, including residential care homes, on either a short-term or permanent basis is one way to meet those needs.
- 1.4. The purpose of this report is to seek the Executive Director's approval to direct award the Reablement In-Reach service to Essex Cares Limited (ECL) for North-East and West Essex. This service will form part of the wrap-around support for the Recovery to Home Block Beds provision that has been secured through previous decisions. A subsequent decision paper for Reablement In-Reach in Mid and South Essex will follow once local arrangements have been finalised.

2. Recommendations

- 2.1 To award contracts for the provision of the Reablement In-Reach Service in North-East and West Essex to Essex Cares Limited (ECL), as a legal entity to which Regulation 12 of the Public Contracts Regulations 2015 applies, for a

period of 11 months at a cost of up to £578,000, with the ability to extend the service for up to a further 12 months subject to performance and evaluation.

- 2.2 To note that a subsequent decision paper for Reablement In-Reach in Mid and South Essex will follow once local arrangements have been finalised.

3. Background and Proposal

- 3.1. Recovery to Home is a new service model designed to improve outcomes for adults who require a short-term residential care home placement. Adults may be referred from hospital or the community and will be considered for the service if they need a period of reablement or assessment that cannot safely be provided at home. This model aligns to strategic ambitions in care and health systems to ensure people are as independent as possible for as long as possible in life, providing the support needed to keep stays in care homes as short as possible, enabling a return home as soon as it is safe to do so.
- 3.2. In July 2023, a decision was taken by the Cabinet Member for Health, Adult Social Care and ICS Integration, (FP/128/05/23) which authorised a mini-competition process under the Integrated Residential and Nursing care (IRN) Framework to purchase Recovery to Home beds for short-term placements within nine care homes across Essex on a block purchase basis for an initial period of 12 months. The contracts contain the option to be extended for up to a further 12 months, subject to further decision, if the model is successful.
- 3.3. This decision also set out that additional support, including from Therapy and Reablement services, would be provided as part of the Recovery to Home model and any associated decisions for this additional support would be progressed in tandem with the Recovery to Home beds decision. The contracts for the nine residential care homes have now been awarded (Executive Director Decision (EDD): Award of contracts for Integrated Residential Nursing (IRN) Intermediate Care Beds, 9 October 2023 and 23 October 2023). This report seeks to progress the Reablement In-Reach element of the Recovery to Home service model in North-East and West Essex, with Mid- and South Essex progressing once local arrangements have been finalised. The Reablement In-Reach element of the service alongside Therapy services is essential to ensure the right adults are accepted into the service and have the best opportunity to return home from the Recovery to Home service in as short a timescale as is safe to do so.
- 3.4. Traditionally, care homes have met adults' long-term needs. As part of the Recovery to Home approach, the Council has asked the nine care homes to adopt a different ethos for Recovery to Home placements, that of short-term enablement with a view to the person returning home in as short a timescale as is safe to do so. To deliver this approach, there must be strong enablement training and practice that reflects the requirement from care homes in this new approach. This can be achieved by securing a wrap-around offer that enables care homes to be a key partner and to learn from providers in the health and social care system. There will also be a rigorous Multi-Disciplinary Team (MDT)

approach involving Reablement In-Reach, therapists, the care home, social workers and other professionals as needed to support adults to return to home when safe to do so.

- 3.5. Reablement In-Reach support will work closely with the care homes and therapists to ensure adults receive recovery and enablement care with a focus on a return home where possible. Reablement In-Reach will also ensure all necessary actions are completed to enable a return home as soon as it is safe to do so. Where beneficial, Reablement In-Reach will support adults to trial a phased return home to build adults and their families' confidence about a permanent return home. They will also complete home visits to assess what equipment, technology, aids and adaptations may benefit people on their return home and while in the care home. The Reablement In-Reach and Therapy support will also help coordinate support and input from primary care services such as District Nurses, GPs and Community Mental Health Teams as needed, as well as the community and voluntary sector, to ensure people are connected to their local community. This wrap-around support will be key to ensuring that people move on from the care home at the right time and there are no barriers to people moving on within four weeks where safe to do so.
- 3.6. During the contract term, there will be robust monitoring by the MDT for each care home, with Reablement In-Reach leading on this data capture and collation. This will include tracking and recording each Recovery to Home placement and ensuring good visibility and oversight of how the service in each care home is being used, including reason for placement, length of stay, where the adult went following their stay and the difference the service has made to the adult's independence.
- 3.7. There will be weekly reporting on this data. This data will be used to inform how well the service is working and what, if any, adjustments are needed to the model or day-to-day working within each care home, including Reablement In-Reach. The insight gained from this monitoring will enable an ongoing 'learn and improve' approach for Reablement In-Reach in each care home, supported by the flexible deployment of staff. This may involve flexing up and down of the number of Reablement In-Reach staff in each care home dependent on the number of people in the Recovery to Home service at any one time. It may also include flexibility on the roles and responsibilities of the Reablement In-Reach staff to work in the most effective and efficient way alongside care home staff and therapists to deliver a seamless 'one service approach' that focuses on providing the right support to enable adults to return home.
- 3.8. This data will also be used to continually monitor and evaluate the success of the model and the different elements of the service, including Reablement In-Reach. A formal evaluation of the service at each care home, including Reablement In-Reach, will also be completed in July 2024 to inform whether a contract extension is to be enacted at the end of the contract term in October 2024. Any contract extensions will only occur where it has been evidenced through the formal evaluation that the service provided in each of the care homes, including the wrap around services and Reablement In-Reach, is performing well. The two

main metrics for determining whether the overall Recovery to Home service has been successful will be:

- the length of stay in the service being under 4 weeks
- the percentage of adults that return home from the service versus remaining in residential care

3.9. The formal evaluation and any contract extension will also consider the redesign of the wider community Intermediate Care services offer and where this service fits as part of this offer, this will also determine the longer-term approach for Recovery to Home after any contract extensions have been enacted.

4. Links to our Strategic Ambitions

4.1. This report links to the following aims in the Essex Vision:

- Enjoy life into old age
- Develop our County sustainably

4.2. Approving the recommendations in this report will not impact on the Council's ambition to be net carbon neutral by 2030. We are working on wider improvements as part of our longer-term market shaping strategy which will have an impact on this ambition.

4.3. This report links to the following strategic priorities in the Organisational Strategy 'Everyone's Essex':

- A strong, inclusive and sustainable economy
- Health wellbeing and independence for all ages

5. Options

5.1. Option 1: Do nothing (not recommended)

5.1.1 This option is not recommended. It would mean a key part of the proposed Recovery to Home model would be missing. Without all elements of the Recovery to Home model being in place, the model is unlikely to reduce the length of stay in an interim care home placement and unlikely to increase the number of adults who return home.

5.2. Option 2: Direct award the Reablement In-Reach service contract to ECL (recommended)

5.2.1 This is the recommended option. As the current county wide reablement and short-term care in the community service provider, ECL have experienced staff and processes to deliver the service. ECL have recent experience of implementing enablement within a hospital setting, as well as previous accommodation-based services including 'Step to Home' during COVID -19 and Residential Reablement. As the Council's Local Authority Trading Company, ECL are also best placed to deliver this new Reablement In-Reach

element of the Recovery to Home model. This element of the service will need testing and refining and a flexible approach and flexible deployment of staff will be required to develop the approach within each of the care homes as the service progresses during the contract term, including the flexing up and down of the number of staff deployed and the roles of staff, dependent on the number of people in the Recovery to Home service in each care home, and working alongside care home staff and therapists to deliver a seamless 'one service approach'.

5.3. Option 3: Issue an open-market tender

- 5.3.2 This is not the recommended option. The expertise required in delivering a new service such as this cannot be underestimated. The service will need to be shaped, flexed and refined during the contract term. There are likely to be many challenges, and a clear risk is that the adoption of system change can and will take time alongside experience to implement. ECL as the reablement and short-term support in the community provider, the intricacies of the system at a place level are known countywide, situating ECL as an experienced and informed provider to deliver this service.

6. Issues for Consideration

6.1 Financial Implications

- 6.1.1 The maximum cost of the 11-month agreement is £578,000. This assumes a December 2023 start date and that the maximum staffing complement is deployed from April 2024. The actual cost will depend on the mobilisation period of the service and the number of staff in place. This means that if, for example, bed numbers do not reach planned levels, then staffing numbers and associated costs can be maintained and better controlled.
- 6.1.2 The service will be funded through the Discharge Fund, part of the overall Better Care Fund, a pooled budget with health partners. There is a risk that the contributions from partners do not align with the payment profile for this service, though this is mitigated by the terms in the BCF section 75 agreement.
- 6.1.3 Up to £436,000 will fall in the 2024/25 financial year. Allocations and conditions for the Discharge Fund grant beyond 31 March 2024 have not yet been published, meaning there is a risk that commitments exceed available grant funding. BCF planning requirements instructed the use of provisional allocations, but if a shortfall were to arise then any pressure would need to be managed within the overall pooled fund.
- 6.1.4 Wrap-around support for the Recovery to Home model is a crucial factor in delivery. If this is not aligned, or there is limited impact on outcomes and length of stay in a short-term bedded setting, then the risk is that the premium cost of block purchasing beds will be of little added value.

6.2 Legal Implications

- 6.2.1 It is lawful to award to ECL, without competition, using exemptions under Regulation 12 of the Public Contracts Regulation 2015, which allows the Council to award contracts to ECL as the Council's wholly owned company, which meets the requirement of that regulation.

7. Equality and Diversity implications

- 7.1.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:
- 7.1.2 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.
- (a) Advance equality of opportunity between people who share a protected characteristic and those who do not.
- (b) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 7.1.3 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).
- 7.1.4 The equality impact assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.

8. List of appendices

None

9. List of Background papers

CMA - Integrated Residential Nursing (IRN) Intermediate Care Beds Procurement 2023, July 2023

EDD - Award of contracts for Integrated Residential Nursing (IRN) Intermediate Care Beds, 9 and 23 October 2023

I approve the above recommendations set out above for the reasons set out in the report.	Date
Nick Presmeg, Executive Director, Adult Social Care	5.12.23

In consultation with	
Councilor John Spence, Cabinet Member for Health, Adult Social Care and ICS Integration	11.12.23
Executive Director, Corporate Services (S151 Officer)	
Laura Davis-Hughes on behalf of Nicole Wood	5.12.23