

Report title: To agree to procure a contract for Community Dementia Support Services	
Report to: Councillor John Spence, Cabinet Member for Health and Adult Social Care	
Report author: Peter Fairley	
Date: 14 th October 2019	For: Decision
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County Divisions affected: All Essex	

1. Purpose of Report

- 1.1** Dementia has become one of the most important health and care issues facing us, with an estimated 850,000 people living with dementia in the UK - in Essex alone, 30,000 people currently have a diagnosis of dementia. This progressive condition can have a devastating effect, not just on the person who has dementia, but also on families, carers and wider society.
- 1.2** We are determined to help improve the quality of life for those people in Essex affected by dementia. Providing effective support services is a vital part of the work we can do to help them live as independently as possible. Therefore, this paper proposes the following:
- 1.1.** To outline the procurement requirements for a Family Navigation Service and Community Support Service for citizens living with and affected by dementia.
- 1.2.** To obtain Cabinet Member approval and agreement to approach the market to invite submission of bids to the proposed procurement process

2. Recommendations

- 2.1.** To go out to the market to procure a four-year single supplier framework agreement to deliver a Family Navigation Service and a Community Support Service.
- 2.2.** To delegate to the Executive Director for Adult Social Care
- 2.2.1. To approve the procurement documents including weightings and evaluation criteria
- 2.2.2. Following completion of an OJEU-compliant procurement process, to award the Framework Contract to the winning bidder and to award a call-off contract for services for three years with the option to extend for a further two years.

3. Summary of issue

- 3.1 In Essex, 30,000 people currently have a diagnosis of dementia, and this is projected to increase to 50,000 in the next 10 years. It is estimated that by 2050 there will be an 73,800 people with dementia in Essex, a 156% increase
- 3.2 ECC Organisational Strategy commits ECC to enabling more vulnerable adults to live independent of social care by supporting people to support themselves, where appropriate, by innovating, including through digital and community solutions; and the delivery of a Community Dementia Support Service contract will contribute to this
- 3.3 Essex Health & Wellbeing Boards' Joint Strategy Needs Assessment anticipates, assuming the prevalence remains constant, for Essex as a whole, that there will be an additional 14,300 people aged 65 and over with dementia (an increase from 18,200 to 32,600) in the next 20 years, those considered to fall within the oldest (aged 90+) category are expected to increase from current levels of around 4,200 to 9,200 by 2034.
- 3.4 10% of total Adult Social Care spend is on people with a dementia diagnosis and over half of people living with dementia are in residential care. Dementia also represents one of the NHS's areas of biggest spend.
- 3.5 Following extensive ethnographic research and discovery work across Essex during 2017, multiple challenges were identified across the system for people living with dementia. It was recognised that to really transform the approach to how we support people living with dementia, we needed to look at these challenges as a whole and not in isolation. As a result, The Greater Essex Dementia Strategy 'Let's Talk Dementia' defined nine priority areas as being central to the experience of dementia
- 3.6 In October 2017 Essex County Council commissioned the Community Dementia Support Service (CDSS) contract to support the delivery of the priority areas of the Greater Essex Dementia Strategy, which set the following vision:

"People living with dementia are recognised as unique individuals who are actively shaping their lives and their care whilst being able to remain as physically and emotionally healthy for as long as possible."
- 3.7 The CDSS focuses on delivering a new approach to support and care built around navigating the system for people living with and affected by dementia. The new approach is outcomes-focused and with delivery focused on the three elements of the model: family; information, navigation & support; and community support.
 - Family Navigation – The primary aim of this service is to empower, and support people living with and affected by dementia to live an active and enriching life and be actively involved in planning their own care. The

service aims to give people living with dementia the tools to remain independent, and as part of their community, for as long as possible.

- Community programme – strengthening the response of the entire community to dementia by developing the communities understanding of Dementia and equipment with the skills to support people living with and affected by dementia in their community. Working with the public, retailers and service providers – to ensure that their businesses and services are inclusive to people living with and affected by dementia; supporting people to remain as physically and emotionally active for as long as possible.
- Information and Support - providing more co-ordinated access to information and support that enables people to adapt to a life with dementia ensuring individuals and families have the knowledge, confidence and support networks to live independently.

3.8 The current contract is due to expire on 30 March 2020 and recommissioning the service will ensure continuity of service provision for citizens living with and affected by Dementia.

3.9 It is intended that the new provision for the services will be via a single supplier framework agreement which will allow for call-off contracts to be awarded by ECC and health partners in order to try to achieve an integrated response to dementia services across Essex.

4. Options

4.1. The following options were considered:

4.1.1. Option 1: Procure a Family Navigation Service and a Community Support Service for citizens living with dementia and their care givers. (Recommended)

Agree to invite tenders for a framework agreement with a single supplier to deliver a Family Navigation Service and a Community Support Service for citizens living with or affected by dementia. Agree that the framework agreement be awarded for four (4) years with the initial call-off contract being awarded for an initial three (3) years with the option to extend for a further two (2) years. Given the small market for these services, Procurement have advised that the risk of challenge in relation to an optional two-year extension is minimal.

The four (4) year framework will allow health commissioners to invest additional funding and allow for the growth and development of the services throughout the life of the framework. Through intensive management of the contract ECC will develop and deliver the vision for those in Essex living with or affected by dementia.

4.1.2. Option 2: Bring services in house. (Not recommended)

This would allow greater scope for ECC to design and deliver the service it wants given the lack of provision in the market and make connections across other provision being commissioned. There is a potential increase in the quality of the service as ECC will be in control of the service operation. The model would offer a consistent service across Essex and the ability to flex when demand is higher in one quadrant to another. This is not recommended as it does not align with the organisational strategy and there is no clear fit for this type of team within ECC. This option does not support the Dementia Strategy given our drive towards partnership-working and future integration.

4.1.3. Option 3: Procure an overarching Strategic Dementia Specialist Partner and community specific delivery partners. (Hub and Spoke) (Not recommended)

This option would drive a collaborative approach in the market place and linkages between providers. A lead provider model could stimulate the local market through the opening up of partnership opportunities in specific services and would encourage smaller specialist providers and/or local SMEs. However, this model is potentially inflexible if demand fluctuates from one locale to the next. The market to deliver dementia specific services as a lead provider is small, and this model would afford less/no control over tier-2 providers delivering the services.

This option has potential financial risks as there is a greater risk that the money spent would not secure the outcomes desired.

4.1.4. Option 4: Re-procure a Family Navigation, Information and Support & Community Support Service on a five-lot structure on a quadrant basis. (Not recommended)

This was the previous model for the delivery of Community Dementia Support and proved to be inflexible when demand fluctuated from one quadrant to the next.

The market to deliver dementia specific services is small and this model affords the risk of an inconsistent service across the county. Economies of scale are lost and is likely to be a more expensive, although this could be mitigated by allowing providers to price each lot on the basis of whether they won the lot as stand-alone or won more than one lot. However, this is a complex process to manage and communicate.

4.1.5. Option 5: Direct award to ECL. (Not recommended)

This would allow scope for ECC to design a service it wants given the lack of provision in the market. This option would provide a consistent service across Essex and the ability to flex when demand is higher in one quadrant to another.

This would depart from the intentions identified in the strategy to support the CVS to grow in expertise and would not deliver the specialist dementia knowledge and delivery required and identified as needed through the Dementia Strategy.

4.1.6. Option 6: Provide direct payments to services users with dementia with no direct commissioning of services (Not recommended)

This option would enable our service users and their carers to maximise choice and control, However, many of our services users would not be eligible for a direct payment at the early point of our journey where they are accessing the community dementia support services. The current market to provide dementia-specific services is small so there would be a lack of choice until the market has time to build and respond to outcome defined needs of service users and carers.

5. Issues for consideration

5.1. Financial implications:

- 5.1.1. The proposal is to invite tenders for a framework agreement with a single supplier to deliver a Family Navigation Service and a Community Support Service. The available budget for this service in 2019/20 is £719,000, funded via a Public Health grant (worth £713,000). The Spending Round 2019 announced a real-terms increase to the Public Health grant budget for the 2020/21 financial year, however there is a financial risk to ECC should the funding be reduced or withdrawn in future years.
- 5.1.2. The CDSS service to be commissioned by ECC for the initial 3-year contract period from April 2020 will be up to a maximum value of £2.1m (£713,000 per annum). If the option to extend for a further two years is fully realised, this increases the total value over 5 years to £3.6m.
- 5.1.3. At present there is no firm commitment of funding from Health commissioners. In order to provide the opportunity for CCGs to invest in the service in future years, the proposed total value of the framework is £7m. The value of CCG funded call-offs are outside of the scope of the value of this decision.
- 5.1.4. The current CDSS contract provider over 12 months (April 2018 – March 2019), has delivered 11,826 interventions for 9,606 people, potentially reducing their need to access statutory services. In addition, 54% of service users have reported no increase in need over this period. This indicates an assumed level of implicit cost avoidance built into current budgets achieved through preventing unnecessary assessments and long-term packages of care that may have been required in the absence of this service.

5.2. Legal implications

- 5.2.1. ECC is a Contracting Authority for the purposes of, and therefore required to abide by, the Public Contracts Regulations 2015.

5.2.2. Community Dementia Support Services are considered to be 'Light Touch' services and therefore not subject to the full Regulations. However Light Touch Services with a value exceeding £589.184 must be procured in a manner consistent with the treaty principles of Transparency and Equal Treatment.

6 Equality and Diversity

6.1 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.

6.2 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).

6.3 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.

7 List of appendices

EQIA – Community Dementia Support Services Direct Award

8 List of Background papers

Greater Essex Dementia Strategy "Let's Talk Dementia"
Essex Health & Wellbeing Board, Joint Strategy Needs Assessment 2016
Rethinking Dementia – Public Office Collaborative Enquiry
Dementia Voices – Healthwatch Essex
Living well with Dementia in Essex – Ethnographical research ESRO

I approve the above recommendations set out above for the reasons set out in the report.	Date
Councillor John Spence, Cabinet Member for Health and Adult Social Care	

In consultation with:

Role	Date
Nick Presmeg, Executive Director Adult Social Care	
Executive Director for Corporate and Customer Services (S151 Officer) - Margaret Lee	
Monitoring Officer – Laura Edwards on behalf of Paul Turner	