

# CABINET

16 April 2024

<b>Title:</b> Procurement of Reablement At Home Service	
<b>Report of the Cabinet Member for Adult Social Care and Health Integration</b>	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected:</b> All	<b>Key Decision:</b> Yes
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<b>Summary</b> <p>Local authorities through the Adult Social Care Services have a duty to prevent, reduce or delay needs for care and support (Care Act 2014 s2) for all adults including carers; this means early intervention to prevent deterioration and reduce dependency on support from others. Reablement is one of the services designed to fulfil this duty. Currently the Council does not have a formal reablement contracted service.</p> <p>This report sets our Adults Social Care commissioning intentions for developing a new Reablement at Home Service.</p> <p>Reablement is a short-term care service offered to individuals at home, who are unwell and unable to look after themselves due to a crisis in their lives. Typically, this will be due to an accident, poor health or the early onset of a long-term health condition. It is free of charge for up to six weeks (in line with the Care Act 2014 s2.6).</p> <p>It will be designed to support residents in need to regain the ability to look after themselves. At the end of the intervention the aim is for them to be able to return to living independently, outside of the care system.</p> <p>Alternatively, it is acknowledged that some individuals may still need long term care services e.g. Homecare. If reablement can contribute to supporting new service uses to recover sufficiently to have a reduction in their care hours and complexity of support reduced within the first few weeks this will have a positive impact on both the individual in need and the pressure faced by the borough in relation to the cost of care.</p> <p>Currently, the authority has set up and is running two short-term pilots to test and trial different models of reablement. The learning from these pilots will inform the final service design for the new service that this report is seeking approval to commission.</p>	

The pilots are due to end March/April 2024, but work is underway to extend both pilots for continuity and to ensure an efficient transition from the Adult Crisis Intervention service to reablement service:

- Scheme One – Essex Cares Limited (ECL) who have a short-term contract.
- Scheme Two – Direct Award from the Framework for three homecare providers (Reablement Three)

Both will continue to the point that the newly commissioned service is awarded and mobilised thereby ensuring that residents of Barking and Dagenham continue to benefit from a reablement service led by therapist and designed to support individuals to recover.

Reablement is an invest to save service held within the Medium-Term Financial Strategy Proposals for Adult Services in 2024/25. It is designed to provide a short-term service at home (it will be per hour a higher rate than a traditional home care service) however, the longer an individual is diverted from entering homecare or any other care service commissioned by the council has a positive impact on the cost of care for the Council.

The intention around the newly commissioned service is to enter a four-year with two times one-year extensions to a maximum of six years overall. The table below shows the annual value and the targeted reablement hours per year. This does not incorporate any annual uplifts that may be required during the life of the contract.

Year	Reablement Hours	Annual Budget	Four Year Contract Value
1	55380	£1,600,000.00	
2	58980	£1,704,000.00	
3	62813	£1,831,800.00	
4	67524	£1,969,185.00	£7,104,985.00
5	72589	£2,126,719.80	
6	78396	£2,296,857.38	
<b>Total</b>	<b>395682</b>	<b>£11,528,562.18</b>	

Funding for the extension of the pilots and provision of the new service will be via redirecting the budget for Adult crisis service to reablement. For 2024/25 the budgeted spend is £1,600,000 providing approximately 55,380 reablement hours over a year.

### Recommendation(s)

The Cabinet is recommended to:

- (i) Note that the two reablement pilot schemes were extended into the 2024/25 financial year and shall terminate upon the award / mobilisation of the new reablement provision;
- (ii) Agree that the Council proceeds with the procurement of a contract for Reablement at Home arrangements in accordance with the strategy set out in the report, subject to the endorsement of the Procurement Board to the exact model of reablement to be procured;
- (iii) Authorise the Strategic Director, Children and Adults, in consultation with the Cabinet Member for Adult Social Care and Health Integration, the Strategic

Director, Resources and the Head of Legal, to conduct the procurement and award and enter into the contract(s) and all other necessary or ancillary agreements to fully implement and effect the proposals, including any periods of extension.

### **Reason(s)**

The procurement exercise will ensure compliance with the Council's Contract Rules and the Public Contracts Regulations 2015, ensuring due processes are followed and assist in achieving the priorities outlined below.

Developing a dedicated reablement service with the relevant expertise in supporting our residents to recover and regain the ability to live independent of the care system, relates to three of the Councils' strategic priorities:

- Priority One, Residents are supported during the current Cost-of-Living Crisis.
- Priority Two, Residents are safe, protected, and supported at their most vulnerable.
- Priority Three, Residents live healthier, happier, independent lives for longer.

## **1. Introduction and Background**

1.1 Reablement is a service that is expected to be:

- For a short period of time up to and no longer than six weeks.
- Provide support and care based on achieving personal goals for an individual in relation to recovering from a period of ill health or a crisis in the person's life that has inhibited their ability to care for themselves 'temporarily' they clearly have the potential to improve.
- Which might mean at the end of reablement they will:
  - Exit the service as they no longer require ongoing care
  - OR just as importantly the level of ongoing care that they need has reduced and can be significantly less than the initial assessment of needs.

1.2 Most clients of the reablement service are those being discharged from hospital who need time to recover and require support at home. However, it should also be a service that prevents an individual from a crisis that may result in either a hospital admission or becoming dependent on long-term care services.

1.3 Barking and Dagenham does not have a contracted dedicated specialist reablement service.

1.4 Reablement is closely connected to and can be confused with Homecare. And many local authorities have in the past commissioned their homecare agencies to deliver this service. The simple distinction is that:

- Homecare agencies care for and undertake personal care tasks for the person receiving the service.
- Reablement provides a safe environment and support to enable a person to undertake personal care tasks and other daily living activities for themselves.

- 1.5 The service model for reablement in Barking and Dagenham is currently referred to as the Crisis Service which is commissioned through spot purchasing care via providers on the Homecare Framework.
- 1.6 Most residents essentially receive a period of free care services and then default into long-term homecare.
- 1.7 In 2022/23, Barking and Dagenham were 26th out of 32 London Boroughs in relation to residents not requiring long term care services after receiving a reablement service. The London average is 74% and Barking and Dagenham achieved 56.8%.
- 1.8 It is estimated this year (2023/24) that there will be approximately 1,010 crisis/reablement services which equates to approximately 4,000- crises care hours a month (estimated to be 51,000 hours for a year). As required under the Care Act 2014 S2.6 these are free care hours. There is a drop in relation to the number of packages delivered in the last two years 1,304 (2021/2) up to 1,373 (2022/3).
- 1.9 The commissioning intentions are focused on shifting:
  - from spot purchased crisis services with homecare agencies whose business model is set up for long-term care
  - to utilising the services of agencies who have established an interest, expertise and care model that supports recovery and enables people out of the care system.
- 1.10 The expectation is that this would then start to show a more positive outcome for the residents of Barking and Dagenham which has the added benefit of then starting to influence the level of demand/cost for long term care services.

### **Care Act 2014/Health and Care Act**

- 1.11 The Care Act (including amendments to this act) has a number of aspects directly relevant to the delivery of Reablement. These will need to be taken into consideration as the model and the specification for the future service is developed. This includes:
  - **Wellbeing and prevention** – The promotion and maintaining of a person's wellbeing enshrined in law. As well as meeting the individual's wellbeing outcomes the service will be required to contribute to the prevention, reduction and delay of a person's needs.
  - **Person-centred, person-led processes** – Central to the wellbeing principle is the ethos that the individual is best placed to make decisions about their care and support, and that a person-centred system takes account of the individual's views, wishes and beliefs. The successful provider will be required to involve the service user in all aspects of their care.
  - **Personalisation** – Independence, choice and control are key themes of the Care Act which aims to complete the mainstreaming of personalisation and stimulate the proliferation of choice of services to meet different needs (and/or meet those needs differently).

1.12 The Health and Care Bill<sup>1</sup> looks to bring about a closer integration between health and social care and improve outcomes for people. This is further detailed in People at the Heart of Care: adult social care reform white paper<sup>2</sup> the paper identifies that the top 3 priorities for people who require care and support are:

- Remaining independent.
- Having access to the internet, phone and technology.
- Being able to stay in my current or own home.

1.13 This procurement exercise supports all three of these priorities, by encouraging independence and autonomy for people in their own home through actively working with people to recover at home (therapy support), develop a 'reablement care technology pack' as a taster for care tech services.

### **Service Models within Barking and Dagenham and Across London Boroughs**

1.14 There are a variety of models to consider and some learning from our own experiences alongside other London Boroughs.

1.15 Currently, the crisis service within Barking and Dagenham is the reablement service. Most residents in need of support primarily from hospital discharge receive care from a provider on the homecare framework after four weeks they are assessed for long term care needs. A survey in November 2023 of the homecare framework providers indicated that only one had access to a therapist for reablement.

### **Models Across London**

1.16 The following analysis refers to new clients. These are individuals not in receipt of long-term care services at the time of receiving reablement. The success rate is reference to the national performance measure that all adult social care systems report on – this counts the number of new clients who left reablement with no-ongoing care needs/sometimes referred to as self-caring.

**An Inhouse model.** Most of these services stem from a local authority opting to keep their former homecare provision and converting it into a reablement services. Feedback on these is that they are very expensive to retain. Two local authorities with an inhouse reablement service are Islington who are 9th on the London Benchmark table with the second lowest number of new clients achieving an 86% success rate and Tower Hamlets who are 28th with a mid-range of new clients achieving a success rate of 48%.

**A Framework or a Dynamic Purchasing System accessing Homecare Agencies.** The experience of this over the years has been that authorities have merged the tender for homecare and reablement into a single procurement. And essentially mixed a few local homecare providers into a reablement 'lot'. The dynamics then providing homecare and/or reablement becomes blurred. Camden have just moved away from this model but in 2022/23 they had a framework and

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<sup>1</sup> <https://publications.parliament.uk/pa/bills/cbill/58-02/0140/210140.pdf>

<sup>2</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1037663/people-at-the-heart-of-care\\_asc-form-print-ready.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1037663/people-at-the-heart-of-care_asc-form-print-ready.pdf)

were tied with Barking and Dagenham 25th/26th with a similar number of clients with a success rate of 57%.

**A locality model commissioning a provider per area** - this is the model that Camden has now moved to.

**A single provider** – Similar to the inhouse provision, this relies on one provider to provide a reablement service. However, this uses specialist private providers to do so. They will often work across a whole borough and might support more than one borough. Currently in one of our pilots we are utilising Essex Cares Limited who are such a provider. Southwark had a large reablement provider and are 7th with a success rate of 90% and Redbridge who are 2nd/3rd on the list with a success rate of 94%

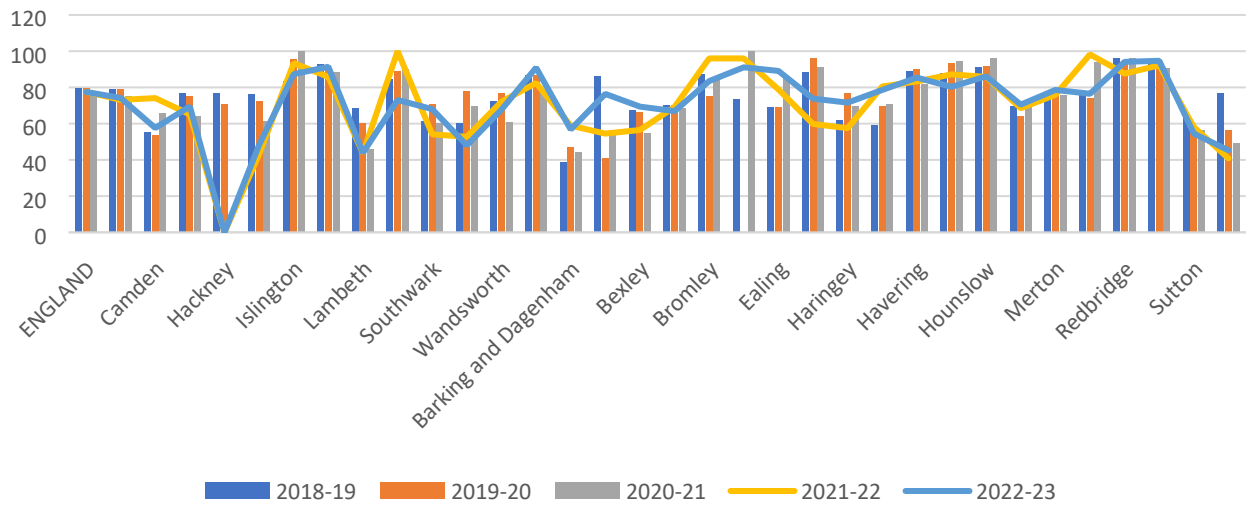
**A hybrid system** - Croydon has a mixed model, they have an in-house reablement team which is part of the multi-disciplinary team 'One Croydon' and is focused on hospital discharges. The plan is to build capacity in the in-house service to move to 50/50 split between the in-house provision and 8 providers on a dynamic purchasing system with a LOT specifying reablement. They are 4th highest performer in London with a success rate of 91% but a fairly low number of clients. This year they are looking for more efficiencies they have managed to reduce care needs within the first 7 days. They have achieved this by a multi-disciplinary team led by a therapist holding oversight of all residents in the service. This last element of their programme of work is similar to the approach being taken on a smaller scale within the Barking and Dagenham pilot - the framework three (the second scheme (pilot)) are being directly supported by a small reablement team within Adult Social Care.

**Integrated Health and Care Provision** - Greenwich has a complex integrated model at the core of their system they have an in-house (within the authority) provider arm. This is a small service and does not have capacity for the volume of work. Therefore, in their recent Homecare Tender they have made it a requirement that up to 12 to 14 home carers are required to work for short periods of time within a rotation scheme. They receive training and work alongside the councils' enablers before returning to their agency. This builds capacity within their current inhouse system whilst also building skills and resilience within the care sector. Access to reablement therapist has been via their community health provider.

1.17 Table 1 below shows across London the percentage of residents who received reablement who were able to leave the service with no-ongoing care needs sometimes referred to as self-caring.

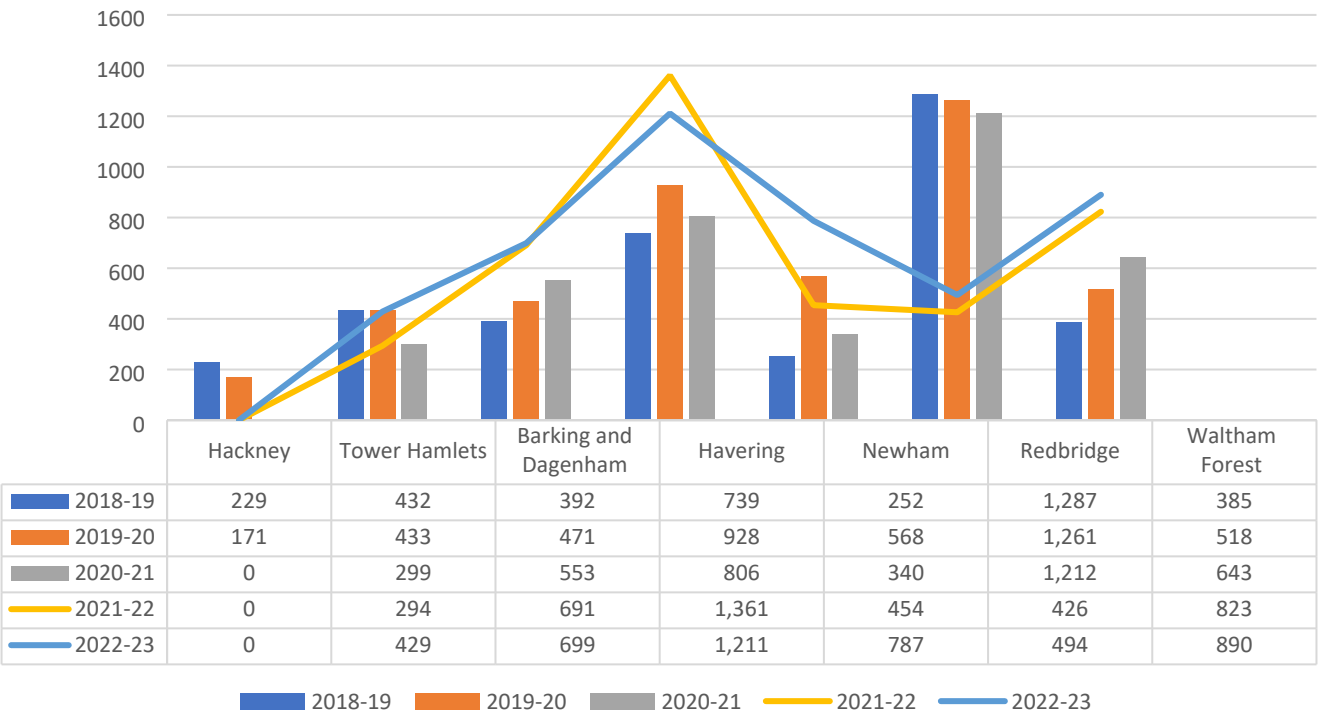
- Many in the sector highlight that patterns and trends for reablement have changed since COVID due to more complex needs and ill health of those leaving hospital and accessing reablement services.
- There is a strong trend to show a steady outturn from 2018 to 2020 with reablement dropping during 2020/21. With a small number showing an improvement in reablement outcomes post Covid which does include Barking and Dagenham, but the authority was starting from a poor baseline 39% in 2018-19.

Table One  
Percentage of Residents with no ongoing care needs  
After Reablement London 2018 to 2023

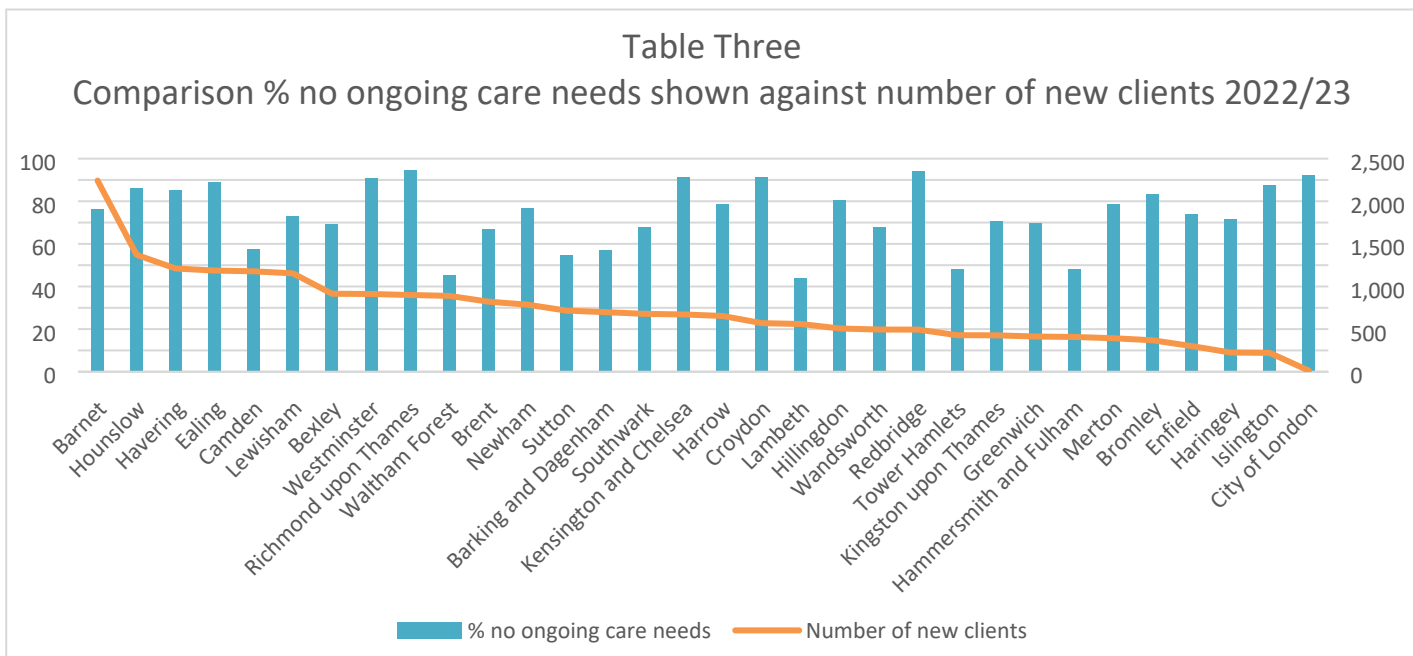


1.18 There are only ten London boroughs that show an increase in the number of residents accessing Reablement since Covid. Four of those are based in the East London Corridor (Table Two) with Barking and Dagenham being one of those authorities.

Table Two  
Number of East London Residents Accessing Reablement  
Between 2018 to 2023



- 1.19 The total number of reablement service users across London in 2022/23 was 22,987 averaging 766 residents. Barking and Dagenham served 699 residents (14<sup>th</sup> highest in London)
- 1.20 Six boroughs provided Reablement to over 1,000 new residents in 2022/23 with Four of these exceeding the London average of 74% in this year.
- 1.21 Table three compares the number of new clients against the authority's success rate in relation to those exiting the service with no on-going care needs. This provides useful context for instance discarding both City of London and Islington high success rates when their client base is very low. A high client base with a high success rate on the other hand are authorities who are clearly delivering a valuable service Hounslow, Havering and Ealing stand out for this reason.



### Reablement Pilots

- 1.22 The acknowledgement that the current model of reablement within Barking and Dagenham via Homecare Providers on the Framework offering a crisis response has not optimised the opportunity to support our residents to recover or to reduce their dependency on the care system with a success rate of 39% in 2018/19 to 56.8% in 2022/23.
- 1.23 There have been three pilots the first in the last quarter of 2022/23 and two pilots are currently live and will impact on the outturn for 2023/24. The learning from all three pilots will inform the decision around which model of reablement works for Barking and Dagenham or the component parts that add value and can support the design of a new model of reablement for Barking and Dagenham going forward.
- 1.24 The first pilot involved Redbridge Reablement Service (RRS) between January to April 2023. It utilised an existing commissioning relationship with NELFT (North East London Foundation Trust) who were commissioned to support our hospital discharges. They provided a 4–6-week reablement period for 10 hospital discharges a week, whereas previously they would have gone into a long-term care package. Success rate for this pilot was an increase in outcomes with 80% of our



service recipients exiting the service with no on-going care needs e.g. self-caring and independent of the care system.

1.25 Essex Cares Limited (ECL) provide a specialist reablement service in Havering and have a registered office in Brentwood. They provide a therapy-based recovery model of reablement (both occupational and physio therapists) and do not have any conflicts of interest as none of the residents they serve will become a long-term customer. They are already known to the local acute hospitals used by Barking and Dagenham residents and they had capacity to support a local pilot. Initially providing a 100 reablement hours per week moving up to a ceiling of 250 reablement hours serving residents living in the RM post codes only.

1.26 Below is the activity reported by ECL between 20 November 2023 (start date) up to 20 February 2024:

- 129 referrals
- 81 accepted (demand exceeded capacity at times)
- 55 starting the service (some referrals accepted were not in the end discharged home from hospital)
- Success Rate of 90% (leaving the service self-caring)
- 175 hours a week (which is 9124 hours per year) long term care hours saved from those residents with no-ongoing care needs.
- Assuming all of these residents are diverted from a home care package for one year. This sample would indicate a cost avoidance on the home care budget of approximately £191,604.
- It is worth noting that the return-on-investment model used by Essex Cares Limited within the Essex areas that they serve is based on 'tracking clients' to ascertain how long they are diverted away from receiving a long-term care package using this data to establish an 'average number of weeks' for this cost calculation.

On the 1st February 2024 Barking and Dagenham joined a pilot on a ward at Queens Hospital already set up between the Hospital, Havering and ECL. ECL have staff based on a ward for the elderly they are working with selected patients to prevent them from 'deconditioning' during their hospital visit and to support through engaging in therapy-based work to improve their mobility and dexterity. For those still needing support on discharge they then go home with the resident and continue the reablement work.

With ECL not having capacity for the whole borough the Homecare Framework providers were approached and asked for expressions of interest from those already contracted to work for the borough. Seven providers expressed their interest and three were selected to work on the second pilot. The successful providers were Cera, Caronna and Supreme Care.

The second pilot 'Reablement Framework Three', is a hybrid service with a reablement multi-disciplinary team based in Adult Social Care (Occupational Therapists and Social Workers) who are working directly with the three providers who are familiar with and used to the current service model in relation to crisis support. The MDT remit is twofold a) to work closely with these providers and directly with the residents receiving the service collaborating on setting recovery/rehabilitation goals and upskilling the workforce to work as enablers. And

b) to identify skills gaps, cultural changes (that shift from doing for (caring) to coaxing/enabling a person to do what they can for themselves (reabling) identifying areas for change that would support the provider in delivering better reablement outcomes.

This second pilot is an investment in the local market within Barking and Dagenham and actively supports a change in approach, culture and expectations around achieving better outcomes through reablement for local residents being clear about what this looks like.

The Reablement Framework Three started on 1st February 2024 the data for this will be available in time for the final draft of this report.

- 1.27 There have been opportunities to test and trial different approaches and to pick up new strands of work with each of these providers most are linked to the broader view on prevention services – a couple of examples are:
- Working with families as future carers and providing training around being an enabler, understanding what to expect around changing health conditions and some practical training in preparing to be a carer.
  - Introduction of Reablement Care Tech Packs. An early introduction to the potential benefits to introducing technologies into a person's life early enabling greater choices, controls and independence that will give them the confidence to live the life they want.
- 1.28 The learning and analysis from these pilots and the information still being gathered from authorities across London in relation to reablement will influence the service model and service specification for the future procurement of a longer term reablement service.
- 1.29 The pilots were due to end March 2024 which would mean that the service would default to the old model of crisis support until such time as the new provision has been commissioned. Defaulting to the old model increases the likelihood of a high number of new clients staying in the care system.
- 1.30 The decision was reached to extend the pilots to enable:
- Continuity of the transition from the old to the new service. Supporting a smoother transition to the newly procured service and enables the new approach to be embedded.
  - The residents of Barking and Dagenham to have the opportunity of receiving a specialist service and the support from both pilots is therapy led.
  - Therefore, focused on recovery giving these residents the best possible chance of leading a healthy, happy and independent live.
- 1.31 The longer the pilots have to bed in provides a wealth of intelligence around what works well and what doesn't. This will enable the service to use the evidence to develop the details within the service design and specification. Providing an assurance around moving into a service that can reduce the pressures facing the care system in relation to care markets capacity and costs to the authority.

## 2. Proposal and Issues

2.1 The proposal is to procure a therapy based reablement service that will actively work with our residents to support their recovery from a crisis in their lives. For most this will be due to ill health or an accident but for some it will be around regaining the skills to cope with emotional wellbeing and for all regaining the confidence to live an independent, fulfilling life outside of the care system.

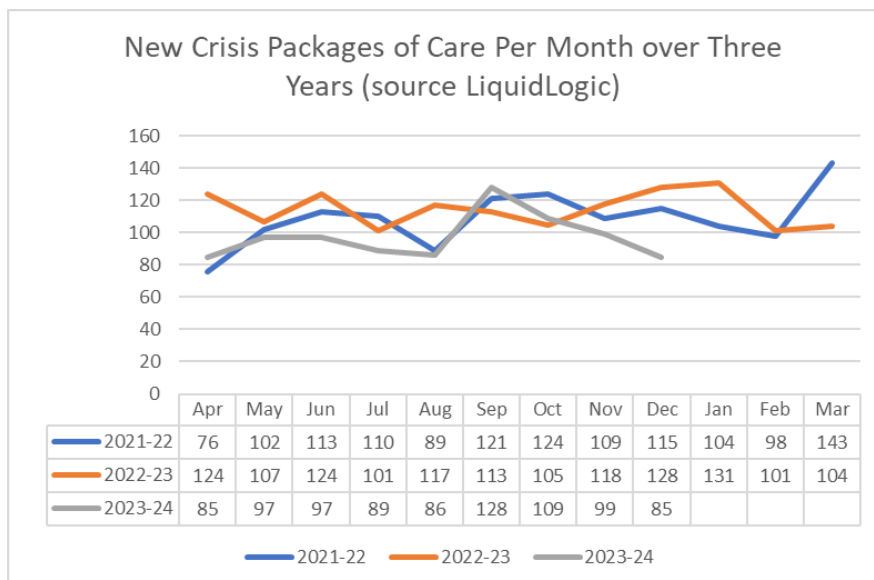
### Demand For Reablement and Performance Levels

2.2 Custom and practice within adult social care has been to spot purchase a crisis service to provide personal care for up to six weeks from providers on the Homecare Framework. The outcomes from this service have been poor in the sense of a low number of residents being diverted away from a long-term care package.

- 44.3% this was 245 new residents out of 553 in 2020/21(London average 75.4%)
- 58.9% this was 407 new residents out of 691 in 2021/22 (London average 73.1%)
- 56.8% this was 397new residents out of 699 in 2022/23 (London average 74.2%)

2.3 The investment in 2022/23 with the first pilot within RRS was a small pilot from January to February 2023 served 35 out of 44 packages of care (80%) were diverted away from long term care packages.

2.4 The caveat around comparing 2.2 and 2.3 is that the national return in 2.2 is based on 'new residents' which are residents receiving reablement for the first time. And 2.3 has not filtered those out in relation to the full demand on reablement it should be noted that residents may receive reablement more than once in a year. Table Four, shows the monthly profile of activity over the last three years there have been 1,304 crisis care packages in 2021/22, 1,373 in 2022/23 and an estimated 1,156 for 2023/24



- 2.5 Daily there are approximately 163 residents in receipt of a crisis/reablement service within this financial year (2023/24).
- 2.6 In 2022/23 there were 629 (90%) of clients discharged into a crisis service with the remaining clients coming from people in crisis at home who are being supported to prevent a health crisis and a hospital admission.
- 2.7 The contribution from Adult Social Care around swift, timely discharges is a joint health and care target. Nationally the ambition is same day discharge once the hospital has declared a patient is ready for discharge the system and providers need to be ready to respond. Joint targets will be agreed to ensure the best outcomes for our residents.

### **Return On Investment**

- 2.8 There are different models in use for reporting on the return in investment for a successful diversion through the provision of reablement from the care system.
- 2.9 Colleagues from within the financial services will explore and consider the best approach to use for Barking and Dagenham.
- 2.10 The approach may change from a simple percentage reduction against the Homecare Budget to a more refined model based on evidence which would involve tracking the length of time a person is diverted from the care system and the number of hours they were in receipt of either at the start or end of reablement.

## **3. Options Appraisal**

### **3.1 Do Nothing – No change (not recommended)**

- 3.1.1 This would mean continuing with spot purchasing crisis services via the homecare framework. This is not a viable option or a good model of reablement. Working outside of a contract reduces the checks and balances that need to be in place to drive change and ensure that those commissioned to provide these services have the skills, ability and focus to help the residents of Barking and Dagenham back to their baseline and support them regain the skills to live a life outside of the care system. Currently there is no real incentive for those providing crisis care to achieve this goal. As outlined in this report the current model does not achieve results on par with London and thus our residents are losing out.
- 3.1.2 There is compliance with the Care Act 2014 in that the initial service is short-term and free of charge. But perhaps questionable around service design and purpose in relation to actively diverting, delaying and preventing a resident entering the care system too early and/or reducing their dependency within the care system.
- 3.1.3 It would be misleading to assume that doing nothing would mean no spend in this area. There is a spend on crisis support but to a degree hidden within the overall Homecare Budget. Estimated current spend for these services for this year is £1.6m see below within the section on finances. It is anticipated that the reablement service will decrease long term care needs therefore resulting in a long-term cost avoidance.

## 3.2 **Commissioning a New Reablement Service (Recommended)**

- 3.2.1 Benchmarking is showing that Reablement is changing and maturing as a service. There is no clear evidence showing that one service model above all others has that 'component' that makes it consistently more prone to success.
- 3.2.2 Whatever the model all of those professionals interviewed are clear reablement cannot work without embedding a therapist to lead on the recovery programme.
- 3.2.3 All of those authorities interviewed are or have started to reshape their services. Those with a good provision are making system changes to increase their productivity. Others are moving towards different forms of hybrid services.
- 3.2.4 For those that did not go down the line of an in-house reablement provision. There was a trend to use Homecare agencies from within their frameworks or connected to their frameworks. Those involved in the benchmarking have tended to move away from this.
- 3.2.5 One driver for change has been the complexity of need from patients being discharged from hospital. This has shown a trend in increased reablement hours compared to pre-covid. Therefore, the challenge for the new service is twofold – help those who do not need care back to independence AND support a reduction in complex care packages particularly those coming out of hospital needing the assistance of two carers or a bed-based service such as a residential/nursing care home placement.
- 3.2.6 With increased care hours comes pressures on the care market and the cost of care. There is a corporate and operational social care understanding that there is a requirement for a change in approach around what reablement can and should be doing to tackle these challenges. Reablement doesn't exist in isolation and requires collaboration with health, care, voluntary sector and care technologies as part of the broader prevention agenda. There are already programmes that are working with care technology and the voluntary sector to support people who have recently been hospitalised.
- 3.2.7 Traditionally, reablement is a reactive service responding to crisis situations. One aspiration for moving into a specialist reablement provision is the opportunity of more pro-active endeavours in working strategically to contribute to tackling some of the bigger issues that the residents of Barking and Dagenham are facing. Examples could be early work with people experiencing falls or certain long-term health conditions.
- 3.2.8 The final service design and model of care for Barking and Dagenham will be influenced by the evidence emerging from the two pilots and adjustments around system flow that colleagues across London are developing.

## **4. Proposed Procurement Strategy**

### **4.1 Outline specification of the works, goods or services being procured.**

- 4.1.1 The model of reablement that will be procured is not yet defined. As outlined in the report the reablement pilots are currently ongoing and the findings from these pilots, as well as further benchmarking across London will inform the final model. We will bring this to procurement board in July to ratify the approach.
- 4.1.2 However, we know that we will be procuring a reablement service with the key outcome of providing short term care for residents in the borough at a point of crisis. This short-term care will focus on supporting residents around regaining their independence to as close a level as possible pre-crisis. Which might mean at the end of reablement they will exit the service as they no longer require ongoing care, or their level of ongoing care that they need has reduced and can be significantly less than the initial assessment of needs.
- 4.1.3 The service procured will be expected to provide support and care based on achieving personal goals for an individual in relation to recovering from a period of ill health or a crisis in the person's life that has inhibited their ability to care for themselves 'temporarily' they clearly have the potential to improve.
- 4.1.4 The reablement model will be designed to support:
- Hospital discharges in a timely manner resulting in better flow from the hospital into the community.
  - Avoiding admissions to hospital and care homes where there is a safe alternative and a believe that the individual can manage at home with the right interventions this could involve for example working with individuals with an early diagnosis of a long-term illness or experiencing falls at home.
  - Reducing the risk of readmissions to hospital, a pro-active reablement service that helps an individual to not only recover but provides them with the knowledge and skills to manage their condition should reduce readmissions.
  - Working with and involving the family. There is a need to invest in supporting families to understand the cause of the crisis if a long-term condition what to expect and the role they can take to delay progression of the condition and upskill them in becoming an enabler and a carer.
  - Referring to and enabling use of relevant care technologies to enable residents to understand the value of technologies to support them once the reablement provision ends.
- 4.1.5 The provider will be expected to facilitate 7-day discharges and accepting packages of care within 8 working hours.
- 4.1.6 To achieve the aims outlined above the new provision will at its core be a therapy led service as a minimum involving occupational therapist and potentially including access to physiotherapy on a regular basis within the person's home.
- 4.1.7 The provider in supporting people to regain their independence will support them back into activities in the community/outside their home. Connecting to and working with local community services.

- 4.1.8 More residents are leaving hospital with more complex needs and a clear understanding that they will need long term care at home. The new service will have a role in supporting these residents to get to a point where they can do things for themselves and ensure that they then receive an appropriate lower level of care going forward.
- 4.1.9 Reablement Provider(s) will be expected to support residents with low needs to recover quickly within the first couple of weeks. It is acknowledged that it will take longer for those with complex needs.
- 4.1.10 There is mixed market around reablement with in house (local authority) services, specialist reablement providers, larger homecare agencies who have expanded into the reablement market and community health trusts who provide integrated reablement services. As outlined the learning from recent benchmarking discussions is showing an expansion in reablement and some areas looking at hybrid models that enable flexibility and growth in relation to their capacity to meet this demand.

#### 4.2 **Estimated Contract Value, including the value of any uplift or extension period**

- 4.2.1 The contract will be a 4-year contract with a value of £7.105m with two single year extensions, giving a maximum duration of 6 years and a total value of £11.5m this includes growth around hours of reablement purchased but not inflationary uplifts.
- 4.2.2 The contract will be aligned with the Adult Social Care Uplift policy which considers inflation in overheads and wages as well as the market and council's positions.
- 4.2.3 Based on 2023/24 activity the budget for reablement will
- Fund the extension of the pilots during 2024/25 this will be achieved by diverting the £1.6 million currently used for Adult Crisis Intervention to reablement up until the new provision is mobilised.
  - Over the course of the contract, for the new reablement service not considering at this time inflation, the budget will be in the range of £11.5 million.
  - This incorporates the ambition to incrementally increase the number of reablement hours from a base of 52k for crisis intervention up to 78k hours for reablement.
  - Over four years this would be a total of 244,697 reablement hours or over a six-year period up to a total of 401,489 reablement hours.

#### 4.3 **Is the contract subject to (a) the (EU) Public Contracts Regulations 2015 or (b) Concession Contracts Regulations 2016? If Yes to (a) and contract is for services, are the services for social, health, education or other services subject to the Light Touch Regime?**

- 4.3.1 The service is subject to the (EU) Public Contracts Regulations 2015 and are subject to the Light Touch Regime, however due to the value of the contract it will be an open tender and advertised on FTS.

4.3.2 The report has been drafted in line with the current contract rules; however, may be subject to change according to new guidance.

#### 4.4 **Recommended procurement procedures and reasons for the recommendation**

4.4.1 The Reablement at Home Service will be procured in accordance with the Public Contract Regulations 2015 and the Council's Contract Rules.

4.4.2 The recommended procurement route is a competitive open tender procedure; the tender opportunity will be advertised in Find a Tender, on the Council's e-tendering portal (Bravo), Contracts Finder and the Council's website. This process will widen the competition and ensure the Council gets best value for money for this service.

4.4.4 Potential providers will be required to complete Supplier Information in addition, to a tender submission document (including method statements) to ascertain suitability and ability to meet the core and flexible services outlined in the service specification. An evaluation of the Tender Submission will take place once the deadline has passed for submission. To ensure that the quality of the service is satisfactory there will be a pass threshold and a minimum quality score will be set that the provider must meet.

4.4.4 The service design and procurement selection process will involve a mix of key stakeholders which will include residents and carers who have experience of receiving crisis/reablement support in Barking and Dagenham.

4.4.5 The Council will negotiate and issue the contract in line with the Public Contract Regulations for the provision of the service with a break and variation clauses. The contracts will be further tightened with service specification requirements and expected outcomes. Key performance indicators are already in place in relation to nationally set measures however these will be supplemented with local measures that focus not only on activity, outcomes but an evaluation around a return on investment and the broader impact on the long-term care provision. These will be held within the service specification and agreed/reviewed with the provider(s). Performance management will be carried out by both the provider and the borough.

#### 4.5 **Criteria against which the tenderers are to be selected and contract is to be awarded**

4.5.1 The contract will be awarded on the basis of the most economically advantageous tender with a split of 55% Quality and 35% Price and 10% social value. Price will be assessed on the tenderers proposed prices based on the current volume of activity within the crisis/reablement services over the last three years.

4.5.2 The Quality element will be formed of two parts, the tenderers method statement response and service user evaluation. The tenderers method statement will consist of their responses to questions set such as:

- Service delivery and quality
- Service user involvement
- Safeguarding
- Choice and control



- Innovation and creativity
- Business continuity
- Staffing model
- Social value
- Equalities and diversity in service delivery

4.5.3 The service user and stakeholder evaluation will consist of development of questions and model responses based on service user experience and stakeholder expectations. It is anticipated that the 55% quality score will therefore be made up of:

- 50% assessment of the method statement
- 5% service user/stakeholder assessment

4.5.4 Clarification meetings may be held with individual providers on any clarifications that are required in the method statement. This will not be scored.

#### 4.6 **How the procurement will address and implement the Council's Social Value policies.**

4.6.1 The Council is committed to ensuring that services are delivered in a way that protects the quality of the environment and minimises any adverse impact on community well-being.

4.6.2 The contractors will need to clearly outline and consider the following options from below:

- **Investment in local people:**
  - working into the specification the need to employ local people, work with Barking and Dagenham College to access course-based placements and to incorporate apprenticeships opportunities.
  - working with service users and informal carers to identify approaches in delivering services that simply don't work or gaps in provision that if addressed could make it a better service that improves service outcomes for the residents of Barking and Dagenham.
  - building capacity through volunteering and mentoring opportunities and working with the community including the community and voluntary sector to support capacity improvements in civil society.

4.6.3 It has been agreed that the technical submission will expect the provider to focus on "Investment in local people".

4.6.4 There is also the opportunity of partnership working with the voluntary sector that will provide increased capacity around supporting our residents back into an active life within their communities.

## 4.7 Proposed Procurement Timeline

4.7.1 The proposed procurement timetable is set out below:

<b>Proposed Key Stages:</b>	<b>Date Completed:</b>
Issue Contract Notice & procurement docs	26/04/2024
Tender Submission Period	04/06/2024
Evaluation of Bids and Presentations	15/07/2024
Recommendation of Award Report	23/07/2024
Procurement Board Awards Approval	30/07/2024
Approval Directors with Delegated Authority	01/08/2024
Intention and Confirmation of to award letters sent to Bidders.	27/08/2024
FTS Contract Award Notice/Contracts Finder Notice/Add to Contracts Register	29/08/2024
Mobilisation and Service Starts	10/10/2024

## 4.8 Contract Management methodology to be adopted.

4.8.1 The contract will be subject to quarterly contract monitoring reviews monitoring performance against the specification.

## 5. Consultation

5.1 There are a number of areas of engagement, consultations and co-production around service design and procurement of the new service that will run throughout each key stage of developing this programme of work the following outlines what has taken place and an outline of a forward plan.

5.2 Provider Engagement Events:

- In October 2023 Framework Homecare Providers were invited to complete a survey around reablement to ascertain their maturity, ability, and knowledge in relation to reablement.
- Followed by an invitation to them to provide an expression of interest in working on a reablement pilot to develop the services on offer locally.
- A provider event that included all care providers not exclusively homecare to talk about prevention within the context of reablement on the 23<sup>rd</sup> November 2023 and a face-to-face provider event on the 20<sup>th</sup> March 2024 included a session on prevention/reablement.
- Next Steps in April/May there will be a (PIN event) range of specific market shaping events to give local providers and other stakeholders the opportunity to hear directly from the authority about its ambitions around reablement and enable a discussion around ideas and innovative approaches to reablement.
- In addition to the provider events the stakeholder mapping has identified other care providers who may have views to support this endeavour such as the voluntary and community sector, colleagues in care technology and/or professionals within community and acute health services.

### 5.3 Staff Engagement within Adult Social Care:

- Information shared on developments around the winter pilot has been used via the ASC Staff Newsletter first article in December 2023.
- This was followed up with attendance at a wide range of staff team meetings during January/February 2024. These events have involved talking through the pilots, gathering experiences of reablement in Barking and Dagenham, and seeking operational views around the component parts that make reablement a success and views around the added value a good reablement provision could bring to the care services for residents.
- Next Steps during March/April a series of drop-in sessions for staff to talk on a one-to-one bases or to gather in small groups to contribute ideas and views on the future design of a reablement service in Barking and Dagenham. At this time recruitment of interested staff will take place to join a small co-production group to take the programme of work into service design and procurement of a new service.

### 5.4 Other professionals involved in Hospital Discharge and colleagues across NELFT:

- Practical work around setting up and delivering on the Reablement Pilots has involved staff NELFT around those working within the Hospital Discharge systems and colleagues in Redbridge Reablement Services.
- They are involved in the regular pilot meetings with the relevant providers to support the development around 'how to deliver' these services. There will be a 360-degree assessment at the end of April/May of all those involved to reflect on their views of the different models and to gather their views on what worked, what didn't work and missed opportunities what we could weave into our future design.

### 5.5 Resident engagement via a combination of one-to-one telephone surveys or face to face interviews between February and April this is an on-going piece of work involving a random selection of residents who fit the following categories:

- Residents discharged from hospital without any care and support
- Residents discharged from hospital who received
  - Support via the crisis services
  - Support from Redbridge Reablement Services (January to March 2023 last year's pilot)
  - Support from scheme one provider (current pilot)
  - Support from scheme two provider(s) (current pilot)
  - New residents to the long-term Homecare service in 2023/2024

### 5.6 The proposals in this report were considered and endorsed by the following boards

Reablement Project Board	13 <sup>th</sup> February 2024
Procurement Sub Group	4 <sup>th</sup> March 2024
Portfolio Holder – Briefing	5 <sup>th</sup> March 2024
ICB – Place Based	6 <sup>th</sup> March 2024
Procurement Board	18 <sup>th</sup> March 2024

## 6. Financial Implications

Implications completed by: Amish Soni, Senior Finance Business Partner, Adults

- 6.1 The proposed Reablement provision highlighted above is estimated to cost £1,600,000 in year 1, based on providing 55,380 hours of the provision based on an approximate hourly rate of £28.89. The 4+1+1 commitment is estimated to cost a total of £11,528,562. The estimated cost and demand for future years is based on the current demand that the service is experiencing through the Reablement pilot funded by the UEC grant. Additionally, demand has been modeled with a consideration of the current number of hospital discharges and the number and acuity of clients entering the system. The projected costs and demand presented in this proposal are indicative and could be higher or lower depending on the development of care needs and demographic demand for Crisis care. The cost implications for future years will need to be considered as part of the MTFS process going forward. However, as the future savings are also expected to exceed the cost of the additional hours in future years, there should not be any additional budget required above that provided in 2024/25.
- 6.2 The current provision for crisis care is not a block purchased service and is demand led. Provision has been on a spot purchase basis accessing agencies via the homecare framework. There has been an increase in the crisis service due to an increase in hospital discharges and the acuity of care for clients entering the service. The table below outlines spend in this area since 2021/22.

Service by CC	Crisis Line	21-22	22-23	23-24- Controcc Annual Forecast
Adults Packages	Crisis Intervention annual cost	£1,380,128	£1,414,588	£1,630,481
	Percentage Increase Per year		2.5%	15.3%

- 6.3 During 2023/24 the service received grant funding from Department of Health and Social Care – UEC Funding. The unit cost for the specialist provider is at a higher rate than that of the homecare agencies.

- 6.4 Over the last three years the total commissioned crisis service hours.

	Crisis Line	21-22	22-23	23-24- Controcc Annual Forecast
Adults Packages	Number of Crisis Hours Commissioned	70,444.72	70,652.26	52,631.04
	Percentage Variance per year		0.3%	25.5%-

- 6.5 There is sufficient funding to accommodate the proposed Reablement provision through the MTFs savings proposal which realigns crisis care package budgets within Homecare and Residential care which amounts to £1,244,644, with an additional contribution from the Adult Social Care Discharge Fund in collaboration with Health partners amounting to £355,356. However, given this is a demand-based service it is imperative that the service and commissioners and the service monitor the on-going use of spot packages and consider and manage the implications of a fluctuation in demand.
- 6.6 Given that the proposed contract is part of the services MTFs (Medium Term Financial Strategy) savings proposal, the inclusion of reablement under the service portfolio of care is planned to result in £1,527,876 worth of savings in more traditional types of care. It is imperative that the service and lead commissioners measure the outcomes of reablement to ensure that the desired outcomes are achieved. With the additional injection of funding from the Adult Social Care discharge fund the service expects to overachieve on the planned saving.

## **7. Legal Implications**

Implications completed by: Lauren van Arendonk, Acting Principal Contracts & Procurement Lawyer (Foreign Qualified), Law & Governance

- 7.1 This report seeks to approve the procurement of a contract for a reablement at home support service in accordance with the proposals set out herein. The proposed procurement route is via an open procurement. The anticipated value of the total contract, being a 4+1+1 year term, is approximately £1.6M.
- 7.2 Given the contract is for social care services, the procurement is subject to the Light-Touch Regime, as set out in Schedule 3 of the Public Contracts Regulations 2015. The procurement is over the LTR threshold. However, it is proposed that the tender will be run in accordance with the open procedure, with no adjustments to the standstill period. It is recommended that Council standard terms and conditions are used and that a robust, coherent and detailed specification is prepared. KPIs to monitor supplier performance should also be considered.
- 7.3 The open procurement must follow a compliant exercise in accordance with the Public Contract Regulations 2015, the Council's Contract Rules and the procurement strategy set out in the Procurement Strategy Report.
- 7.4 In accordance with r 59.2(a), the contract must be sealed as it is over the value of £250,000. Legal will be on side to assist with this and prepare any terms and conditions as is necessary.

## **8. Other Implications**

### **8.1 Risk Management**

#### **Risk 1)**

Not approving the extension of the current Pilots into 2024/25. Would result in those schemes terminating at the end of March and reverting back to the crisis support services.

**Impact:**

- Reduces the opportunities of enabling more of our residents who do not need long term care services and reducing complex care packages to a more proportionate level of care once an individual recovers.
- Which then contributes and continues to put pressure on the long-term cost of care.
- Enabling a longer period of time to test and trail these two approaches will provide a higher volume of residents accessing the service and with that increase a better sense of the potential return on investment but in outcomes for residents and the impact on Adult Social Care budget.

**Risk 2)**

Essentially this is an invest to save proposal not achieving a return on investment is the risk. Understanding different expectations over the life of the procured services is therefore important.

**Impact:**

- Stemming/controlling the demand for long-term care services e.g. the number of residents diverted from the care system is the first requirement.
- Understanding this may not reduce the long-term care budget over the next couple of years. However, it could contribute to reducing the growth in the first year.
- There are different models around measuring the return on investment and the model used for a newly developing service will be based on presumptions compared to a mature service with evidence around how long residents are diverted from the care system.

**Risk 3)**

Rejecting the proposal to set up a specialist therapy based reablement service.

**Impact:**

- Reduces the likelihood of this authority delivering on its ambitions around enabling residents to live healthier, happier, independent lives for longer. Alongside supporting them at a time when they may feel vulnerable and to a degree they are if we are not proactively helping them get well, recover and carry on with the life they were living before the current crisis.
- Reduces the potential for the authority to deliver on the duties within the Care Act 2014 around the whole prevention agenda and delivery of intermediate care (reablement).
- Growth in relation to the number of residents and cost of care.

8.2 **Contractual Issues** - Section 4 above outlines the procurement strategy and contract considerations for the longer-term development, delivery and establishment of a reablement service. The proposal is for the new reablement service to be contracted for four years with two times one-year extensions with a total contract value of £11.5m. The new service is yet to be designed.

Trend data over the last three years indicates that the contract will be for 71,000 Reablement Care Hours annually. Activity for 2023/24 has shown a drop in both new clients and reablement care hours. However, the expectation is that there will be growth in this service area in the future around increasing access to this service from residents before they are admitted to hospital and via other related services

such as emergency departments in hospital, virtual wards and via potentially targeted work as part of the wider prevention strategies as that develops. See table six above at 6.4.

- 8.3 **Staffing Issues** - TUPE will not apply this is a new service and there will not be a need to transfer clients between providers in relation to terminating an old contract.

However, there is likely to be a proposal to establish a small transitional or potentially a permanent reablement team located within the community and hospital assessment team, Adult Services. This is expected to involve two senior therapist and two social workers to hold oversight of clients and service delivery.

There are no other staffing issues related to this procurement.

- 8.4 **Corporate Policy and Equality Impact** - This contract will be provided in line with the Equalities Act 2010 based on an open access for all eligible individuals irrespective of their background and lifestyle. A core value within the new contract will be to take the approach that reablement is holistic in that it is reablement for the family unit and not exclusively about the person in crisis. Therefore, the family/friends and natural support networks are part of the reablement process. Including them in relation to education understanding the persons frailties, how to encourage them to self-care and to develop their skills /knowledge base around their future caring role. Therefore, the service provides support to carers and onward referral to specialist support as required.

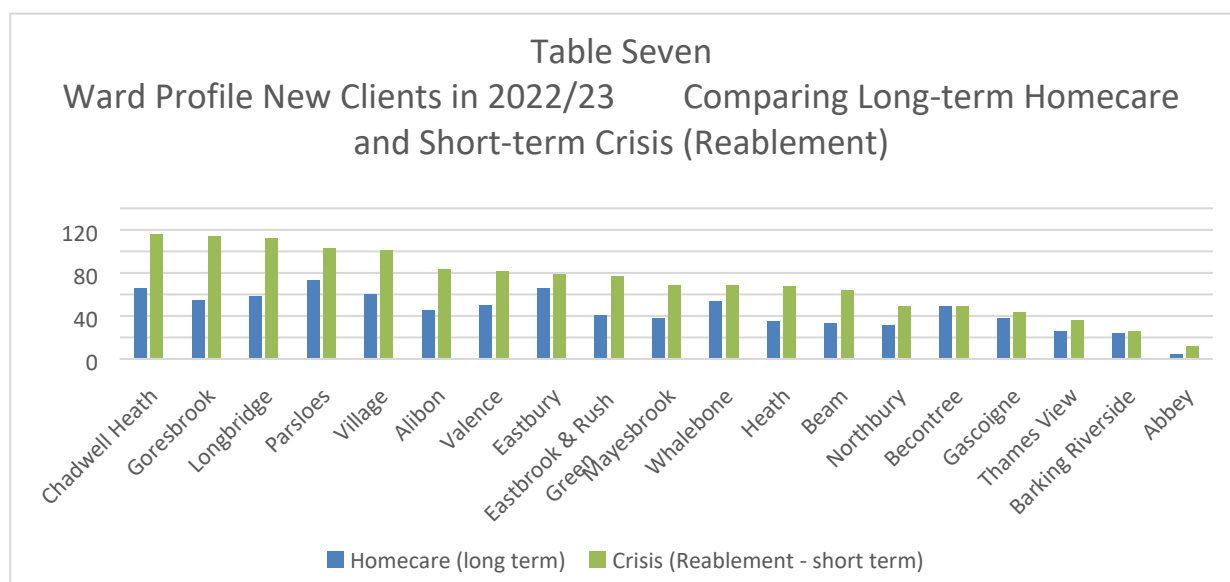
The service contract will support residents from varying backgrounds throughout the short time that they are being supported. This will be done through person centred plans that take into account individual needs and wishes. The service contract is also able to support connections with other prevention services via social prescribers, community and voluntary sector and care technology this is not an exhaustive listing. Making these connections will be done with the service users and family wishes, taking into consideration individual's needs and requirements at that time.

An Equality Impact Assessment screening tool has been completed for this procurement and approved by colleagues the Strategy and Equalities Service for this procurement see appendix One.

Analysing historical and current data around those accessing the crisis service by ward it is possible to identify areas of high demand across the borough. Crisis/Reablement services are responding to demand and is a reactive service. However, there may be opportunities as the service matures to consider opportunities for targeted work supporting the prevention agenda around residents experiencing falls at home and/or early diagnosis of certain long-term conditions in geographical wards and areas of the borough with low take up of this preventative service.

Table Seven compares new clients to adult social care in 2022/23. The greater the gap between crisis (reablement) and homecare is indicative of the number of residents who did not go into the long-term care system. This type of analysis is also helpful to identify where the demand is for both short and long term care

support. It may also aid identification of locations where access to services are lower than expected using other data on healthy populations.



**8.5 Safeguarding Adults and Children** – no specific issues that are related to the provision of reablement. However, it will be a requirement of the contract that the new provider work in line with the Multi Agency Protocol and play an active role in safeguarding in the borough. This will be evaluated as part of the tender process.

**8.6 Health Issues** - Most residents accessing reablement services will have experienced a health crisis. For some this may involve an accident and for others it may be the early stages of a diagnosed long-term condition including the possibility of some residents with dementia.

The services ambition is to help each individual to recover from the accident and/or learn how to manage their long-term condition without recourse to the provision of services from the adult social care system. They will have a greater understanding around what to expect, how to respond and manage if faced by a health crisis and learn techniques to keep them safe at home and in the community.

This self-awareness and newly acquired life skills will minimise an admission to hospital, care homes and/or reduce the risk of readmissions (most clients accessing this service will have been discharged from hospital into reablement).

**Public Background Papers Used in the Preparation of the Report:**

- Care Act 2014 Section 2.6

**List of appendices:**

- Appendix 1 – Reablement at Home Equality Impact Assessment