

Interim Executive Director of Adult Services and Health	Ref No: OKD21 20/21
June 2020	Key Decision: Yes
Contract extension for the provision of Community Reablement Services	Part I
Programme Lead Step Up/StepDown	Electoral Division(s): ALL
<p>Summary</p> <p>West Sussex County Council (WSSCC) has a contract with Essex Cares Limited (ECL) for the provision of Community Reablement Services. Reablement is the term to describe services, to support residents following a change in ability, most likely due to a medical condition or episode. A Community Reablement Service (CRS) is essential to prevent people requiring longer term support, enabling people to retain/regain independence and remain at home.</p> <p>The Service was re-procured in 2017 for an initial term of 3 years with an option to extend for up to 2 years. The contract was competitively procured with a total estimated value of £13,240,000. As the initial term of the contract will expire on 30th November 2020 authorisation is sought to extend the contract for a period of 2 years from 1st December 2020 to 30th November 2022.</p> <p>The original Official Journal of the European Union (OJEU) and contract contained the optional extension period which the Council now wishes to exercise.</p>	
<p>West Sussex Plan: Policy Impact and Context</p> <p>This proposal aligns with the West Sussex Plan for Supporting Independence for Later Life.</p>	
<p>Financial Impact</p> <p>As this is an extension to a current contract on the same basis as previously, with no significant change to the current service, there is no financial impact on the budget.</p>	
<p>Recommendation</p> <p>The Interim Executive Director Adults and Health is asked to agree to the extension of the existing contract for a period of 2 years from the 1st December 2020 to 30th November 2022 at a value of £5,324,000.</p>	

Proposal

1. Background and Context

- 1.1 Reablement falls within the range of duties of social service authorities under Section 2 of the Care Act (under the duty to contribute towards preventing or delaying the development by adults, in its area, of needs for care and support) and should be offered free to the customer for up to 6 weeks.

- 1.2 WSCC Community reablement service (CRS) is provided in collaboration with the WSCC Regaining Independence service (RIS) Occupational Therapists, who following assessment develop the goals and the reablement plan for the provider to implement. The CRS provides both specialised reablement and domiciliary care within the persons home.
- 1.3 The NHS Long Term Plan states: Over the next five years all parts of the country will be asked to increase the capacity and responsiveness of community and intermediate care services to those who are clinically judged to benefit most. Extra investment and productivity reforms in community health services will mean that within five years all parts of the country will be expected to have improved the responsiveness of community health crisis response services to deliver the services within two hours of referral in line with NICE guidelines, where clinically judged to be appropriate. In addition, all parts of the country should be delivering reablement care within two days of referral to those patients who are judged to need it. This will help prevent unnecessary admissions to hospitals and residential care, as well as ensure a timely transfer from hospital to community.¹
- 1.4 In West Sussex, the Step Up/Step Down (SUSD) programme has a focus which both avoids admission and promotes faster discharge from an acute or residential setting. CRS is a crucial part of the achievement of this. Therefore, any consideration of the future for CRS must dovetail with the SUSD strategy. SUSD is aiming for an integrated pathway bringing all relevant Health and Social Care services together therefore it would be proposed that any re-tender of the CRS include this as a focus.
- 1.5 The timeline for the SUSD strategy to realise a more integrated vision of reablement services is the end of 2022/beginning of 2023 and therefore the extension aligns WSCC with its Health Colleagues in working together to achieve this

2. Proposal Details

- 2.1 To extend the existing contract for a period of 2 years from the 1st December 2020 to 30th November 2022 as can be exercised within the original contract.
- 2.2 The benefits of exercising the full 24-month extension will:
 - Give ECL stability and coordinate alongside the other contracts involved with SUSD;
 - Allow time for metrics to be established within a trial of partnership delivery with NHS services;
 - Support growth of the current CRS service; This also allows for growth within WSCC of the CRS inline with the Adults Improvement Plan.
 - Provide adequate timescales for the full scoping of SUSD and vision for integration to be undertaken to ensure any future CRS commissioning is in line with the system.
 - The CRS contract continues to underpin the WSCC vision for promoting independence within Adult's Services, reabling customers to realise their maximum potential.

¹ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

- This, in turn, supports the reduction in future demand for longer term services and represents value for money
- The model of the current contract ensures a person-centred approach and a continued commitment to maintain the proven outcomes during the extension period, whilst offering stability to the hospital avoidance and discharge services.

Factors considered

3. Consultation

- 3.1 A detailed options appraisal, considering the main commissioning options, was undertaken by internal stakeholders in WSCC together with NHS stakeholders. This was approved through AHLT in February 2020 and tabled at CCG LMT within the same week.
- 3.2 Procurement, Finance and Legal Services have been consulted and informed through the appraisal and this paper.
- 3.3 ECL have also been consulted to ensure they agree with the proposal and the role they play in the extension period. They have also agreed, with an extension proposal, to be part of any pilot models and ways of working, which will contribute towards WSCC Adults Improvement Vision and the system wide SUSD vision.

4. Financial (revenue and capital) and Resource Implications

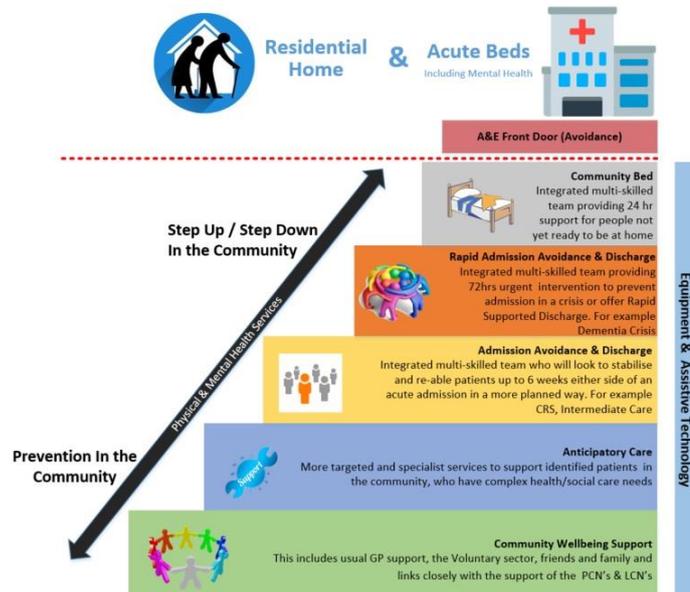
4.1 *Revenue consequences of proposal*

5	Current Year 2020/21 £m 1 st Dec 2020 – 31 st March 2021	Year 2 2021/22 £m 1 April 2021 – 31 st March 2022	Year 3 2022/23 £m 1 April 2022 – 30 November 2022
Revenue budget	£0.887m*	£2.662m*	£1.775m*
Change from Proposal	Nil	Nil	Nil
Remaining Budget	£0.887m*	£2.662m*	£1.775m*

Revenue budget subject to annual indexation per contracted value.

Future transformation, savings/efficiencies being delivered

4.2 As discussed within the options appraisal, the future transformation for the CRS will form part of the wider community vision:



This will progress forward the Health and Social Care SUSD vision. This will lead to services being community led and therefore deliver savings across the acute system. This also leads to savings in longer term care and support being delivered via WSCC, as more customers are kept independent and drawing upon health resource and the resource available to them within the community

5. Legal Implications

- 5.1 The original OJEU advertisement, ITT and contract contained the optional extension period of up to two years (with maximum five (5) year contract period) for which this paper seeks approval. The contract provides extensions will be at 12 monthly intervals, the parties have agreed, subject to approval of this key decision, to vary this clause of the contract and extend for the full maximum two (2) years.
- 5.2 The proposed extension is therefore in compliance with the Public Contracts Regulations 2015 and the Council's Standing Orders on Procurement and Contracts.

6. Risk Implications and Mitigations

Risk	Mitigating Action (in place or planned)
• Delays possibility of full integration until at least Dec 22	The contract allows for greater alignment with Health
• ECL may not want to continue with the contract	ECL have been consulted and agree
• Contract variation allows ECL to renegotiate financial model	ECL are not seeking to renegotiate the financial model
• Limitations on scale of variation or risk of challenge from market with original tender conditions	The contract allows for more integration with Health and clearly states that demand will increase over time. No wide scale variations should be made to any current contracts which fall under the SUSD programme, as all need to 'keep running' until a system wide change in 2022/2023

7. Other Options Considered

7.1 Full details in the Options Appraisal, brief details below.

- End CRS
 - not compliant with duties under Section 2 of the Care Act
- Extend current contract with existing provider 1 year
 - does not allow enough time to firm up the re-design or give stability to the provider
- Re-tender existing contract
 - would have to use current specification and no market interest anticipated.
- Transfer the reablement resource and function to Health by Dec 2020
 - currently not a legal option

8. Equality and Human Rights Assessment

8.1 As there is no change to the specification and contract terms, as previously considered in report [ASCH7 16/17](#) , assessed at award of contract, there is no impact on Equality.

8.2 There are no Human Rights implications arising from this contract extension.

9. Social Value and Sustainability Assessment

Assessed when contract awarded.

10. Crime and Disorder Reduction Assessment

Not applicable.

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Appendices None

Background Papers None