



**Open Report on behalf of Glen Garrod
Executive Director Adult Care and Community Wellbeing**

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	15 January 2020
Subject:	Home Based Reablement Service Procurement

Summary:

This item invites the Adults and Community Wellbeing Scrutiny Committee to consider a report on the commissioning and procurement of the Home Based Reablement Service (HBRIS), which is due to be considered by the Executive on 4 February 2020. The views of the Scrutiny Committee will be reported to the Executive, as part of its consideration of this item.

Actions Required:

- (1) To consider the attached report and to determine whether the Committee supports the recommendation(s) to the Executive set out in the report.
- (2) To agree any additional comments to be passed to the Executive in relation to this item.

1. Background

The Executive is due to consider a report entitled Home Based Reablement Service Procurement on 4 February 2020. The full report to the Executive is attached at Appendix A to this report.

2. Conclusion

Following consideration of the attached report, the Committee is requested to consider whether it supports the recommendations in the report and whether it wishes to make any additional comments to the Executive. The Committee's views will be reported to the Executive.

3. Consultation

a) Policy Proofing Actions Required

Not applicable.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Report to the Executive 4 February 2020 – Home Based Reablement Service Procurement

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Carl Miller, who can be contacted on 01522 553673 or carl.miller@lincolnshire.gov.uk.

**Open Report on behalf of Glen Garrod,
Executive Director Adult Care and Community Wellbeing**

Report to:	Executive
Date:	04 February 2020
Subject:	Home Based Reablement Service Procurement
Decision Reference:	I018998
Key decision?	Yes

Summary:

The Home Based Reablement Service (HBRS) is designed to help people learn or relearn the skills necessary for daily living, which have been lost through illness, deterioration of health and/or increased support needs. The HBRS offers outcome focussed, person centred care and support in the service user's own home, designed to optimise their independence, for a period of up to six weeks per user episode. Current performance is based on an average of around three weeks. In addition to reablement support, the service requires the provider to offer a 'provider of last resort' (POLR) service to support people with long term needs in their own homes; intended to provide a contingency at times of market failure in the home care market and designed to be on a short term basis.

Following a procurement process in 2015, a contract for a countywide home based reablement service was awarded to Allied Healthcare, commencing in November 2015 for a maximum duration of five years. Allied Healthcare went into administration in December 2018, resulting in the novation of the contract on an interim basis to Alderson Libertas to secure continuity for this vital service. Since November 2015, performance of the service has improved significantly, in particular since the current provider took over the service. The current contract expires on 30 June 2020 and it is therefore necessary to make decisions about the future scope and procurement of the service.

This report seeks approval from the Executive to procure a new contract for home based reablement.

Recommendation(s):

That the Executive:

1. Approves a procurement be undertaken to deliver a contract to be awarded to a single provider of a county-wide home based reablement service for a period of three years with the possibility of a further two year extension.

2. Delegates to the Executive Director of Adult Care & Community Wellbeing, in consultation with the Leader of the Council and the Executive Councillor for Adult Care, Health & Children's Services, the authority:
 - (i) to approve the entering into a pilot with the contractor to assess the effects of broadening eligibility for the services; and
 - (ii) to determine the final form of the contract and to approve the award of contract(s) and the entering into of contract(s) and other legal documentation necessary to give effect to the above decision.

Alternatives Considered:

1. Negotiate a revised contract with the current provider.

Continuing with the current provider is not viable as there is no legal basis on which to extend the contract.

2. To do nothing.

The service is a critical mechanism in maximising and maintaining the independence of Lincolnshire's residents. Without this service the impact on service users and the wider health system would be far reaching and highly disruptive. It would also not address the statutory requirements of Lincolnshire County Council relating to preventing, reducing or delaying needs under the Care Act 2014.

3. Integrate reablement and homecare services.

There are a number of dependencies between homecare and reablement services, including service user cohort and market characteristics, and the review considered the opportunity to integrate the services to be delivered as a single contract. However no evidence was found to suggest that commissioning homecare and reablement as an integrated service would work more effectively than separate services; and analysis of relative risks and benefits indicated that they would not.

4. Deliver the service in-house.

As the service was previously delivered in-house, a review of alternative delivery channels considered the potential to in-source service delivery at the conclusion of the current contract. This aspect of the review concluded that there would be significant additional cost associated with in-house delivery and as a result, this option should not be pursued.

Reasons for Recommendation:

1. Home based Reablement is a critical service which is at the front line of maintaining the independence of Lincolnshire's residents. Without this service the impact on service users and the wider health system would be far reaching and highly disruptive. Not only is an effective reablement service beneficial for individuals' health and wellbeing, it also creates the opportunity to reduce reliance on other commissioned health and care services, and therefore to deliver savings by providing more intense services upfront.
2. The alternatives considered have been deemed unacceptable in delivering the required outcomes of the service.
3. The service addresses and supports the statutory requirements in relation to preventing, reducing or delaying needs under the Care Act 2014.

1. Background

- 1.1 The service was first established by the Council in November 2012. Since being externalised by the Council in 2014, the HBRS has been the subject of three separate contract arrangements, two of which have concluded in advance of the planned end date. The agreement with Lincolnshire Partnership Foundation Trust was terminated in 2015 due to poor performance; and following the financial collapse of Allied Healthcare in December 2018, it was necessary for the Council to implement a contingency solution to secure continuity of the service. In line with legal advice, an emergency award was carried out and the contract was novated to Alderson Libertas in Dec 2018. The performance of the service has significantly improved over this time



Figure 1 - Timeline of HBRS delivery arrangements since beginning of the service.

- 1.2 Adult Care has a strategic direction to enable people to remain living independently in their own home for as long as possible.
- 1.3 An effective reablement service is key in supporting people to gain or regain their skills by contributing to faster recovery from illness, fewer unnecessary hospital admissions, prompt discharge from hospital and more opportunities for independent living.
- 1.4 People using reablement experience greater improvements in physical functioning and improved quality of life compared with using standard home care.

- 1.5 From a social care perspective, there is a high probability that reablement is cost effective. Reablement achieves cost savings through reducing or removing the need for ongoing support via traditional home care or admission to long term residential care.
- 1.6 Continuing demographic change means increased pressures and escalating challenges for the Council and the Care Sector in the future.
- 1.7 It is essential that as many individuals as possible are reabled to their maximum potential through the home based reablement service.

2. General Environment

- 2.1 Home based reablement is essential in maintaining the independence of Lincolnshire's residents. Without this service the impact on the wider health system would be far reaching and highly disruptive.
- 2.2 There are many policy developments which are influencing the care market and commissioning activities on a national and local level which can be summarised as follows:
- 2.3 *Implementation of personalisation* - local authorities are required to ensure that service users and carers have more choice and control over the services they are able to access and the way in which the services are provided. Although Lincolnshire County Council will continue to adopt a single provider model for home based reablement, service users will be able to choose whether to use the County Council commissioned provider or self fund with a privately commissioned provider.
- 2.4 *The Care Act - focus on wellbeing* - The Care Act is person-centred; it places the wellbeing of the individual at its core and emphasises the need for greater integration and cooperation between agencies. The Care Act attempts to rebalance the focus of social care on preventing and delaying needs rather than only intervening at crisis point. Wellbeing puts people at the heart of care and support and enables a person to maximise their independence for as long as possible.
- 2.5 *Reablement* - there is evidence nationally that where, following a period of illness, people are supported to regain and retain their independence they are less likely to need long term care services or only require a reduced amount of care. Local authorities are working with the NHS to ensure that they commission services which help people to retain their independence.
- 2.6 *Demographic changes and the need for preventative services*- as more people are helped to live at home for longer and given the demographics of an increasingly ageing population, there is an increase in the need for services which prevent or delay the deterioration of wellbeing resulting from ageing, illness or disability.

- 2.7 *Hospital avoidance and early discharge* - the NHS and local authorities are developing a range of community based services and initiatives to prevent the need for people to be admitted to hospital and to ensure that people are discharged from hospital at the earliest opportunity.
- 2.8 *Workforce development* – there is wide recognition that good quality care services require investment in a skilled and trained workforce which is motivated and well supported. Last year the Equality and Human Rights Commission produced a report, 'Close to home: an inquiry into older people and human rights in home care' which recommends that local authorities should ensure that the way in which services are commissioned, procured and monitored, adheres to the Human Rights Act. This includes ensuring that services are provided in a way which promotes and maintains dignity with service users having some level of consistency in the care staff that deliver their care. Market testing on the ability of providers to deliver the service within the outlined cost envelope has delivered positive feedback. It can therefore be assumed that providers will be able to accommodate the TUPE transfer of existing staff including their protected terms and conditions as a legacy of their service in the public sector.
- 2.9 *Provision of Services* - In addition to the above, the Care Act requires councils to provide or arrange for the provision of services, facilities or resources, or take other steps, which they consider will contribute towards preventing or delaying the development by adults in its area of needs for care and support.

3. Current Service Summary

- 3.1 The contract is delivered by a single provider of a countywide service, meeting all of the Council's demand for home based reablement.
- 3.2 The HBRS offers outcome focussed, person centred care and support in the service user's own home, designed to optimise their independence, for a period of up to six weeks per user episode. In addition to reablement support the service requires the provider to offer a 'provider of last resort' (POLR) service to support people with long term needs in their own homes; intended to provide a contingency at times of market failure in the home care market and designed to be on a short term basis. The service is providing reablement support to approximately 3,300 service users per annum based on the previous 12 months, with 844 service users supported in Q1 of 2019.
- 3.3 The contract requires the provider to deliver 137,200 face to face reablement support hours per annum, which equates to 11,433 hours per month.

4. Service Review

- 4.1 A review of the service has been undertaken including benchmarking with other local authorities, a review of service performance against contract measures and targets, engagement with the provider market and key project

stakeholders. Key findings of the review are summarised in the following paragraphs.

- 4.2 Performance of the service is very strong both in terms of delivery against contract performance targets and by comparison to other local authorities (further service performance information is included at Appendix 1).
- 4.3 There are a number of dependencies between homecare and reablement services, including service user cohort and market characteristics, and the review considered the opportunity to integrate the services to be delivered as a single contract. However no evidence was found to suggest that commissioning homecare and reablement as an integrated service would work more effectively than separate services; and analysis of relative risks and benefits indicated that they would not.
- 4.4 As the service was previously delivered in-house (until 2014), a review of alternative delivery channels considered the potential to in-source service delivery at the conclusion of the current contract. This aspect of the review concluded that there would be significant additional cost associated with in-house delivery and as a result, that this option should not be pursued.
- 4.5 Whilst service performance is strong, the key challenge remains the sufficiency of capacity to meet demand. The only key performance indicator (KPI) in which the provider is not meeting or exceeding targets is 'Percentage of refusals due to no capacity'. This can be attributed to the impact of a high number of over stayer and provider of last resort (POLR) cases impacting the total capacity available to the service. Over stay and POLR functions are an important and necessary tool to support the effective management of the homecare market, and in managing and minimising Delayed Transfers of Care, and need to remain in scope of the HBRS. However, reducing the level of dependence on POLR (and overstay) in future should be possible, in the main by adopting strategies recommended in the homecare review to improve capacity and flexibility in the homecare contracts.
- 4.6 Market engagement identified that developing improved working relationships between reablement and homecare providers offers potential for significant service efficiencies and improvements; having also indicated that there is currently limited or no communication between the groups
- 4.7 A review of existing eligibility criteria suggested that broadening the criteria presents potential for savings in 'downstream' social care services.

5. Proposed Changes to Current Arrangements

- 5.1 As the review concluded that the existing contract model works well, it is proposed to re-commission the service in largely the same format. However, the following changes are proposed:
- 5.2 Service development opportunities should be addressed in the new specification and associated operational processes, intended to support

service capacity, responsiveness and enable more of a preventative reablement focus in future;

5.2.1 Strategies to minimise reliance on provider of last resort and overstay capacity in order to maximise reablement capacity;

5.2.2 Developing and formalising expectations for effective working relationships between homecare and reablement providers;

5.2.3 Improve community referral pathways to enable a more preventative reablement focus in future.

5.3 Broadening service eligibility should be trialled to confirm potential benefits;

5.3.1 The service currently operates with selective eligibility, where eligibility is restricted to those considered to have potential for improvement in their level of independence at the point of assessment. The proposal is to broaden eligibility for the service to offer a period of reablement of up to six weeks, to all individuals who have been assessed as requiring a level of County Council funded community care. This would effectively encompass all individuals referred in to homecare, with the exception of those on an end of life pathway or with advanced dementia.

5.3.2 Academic evidence¹ (from a study undertaken by the Social Policy Research Unit at The University of York and PSSRU at the University of Kent, funded by the Department of Health) is available to suggest that the costs of the social care services for people following a period of reablement were 60 per cent less than the costs of the social care services used by people using conventional home care services, measured over the 12 months of the study, excluding the costs of reablement intervention itself.

5.3.3 However, in the study, the reduction in care costs was in large part offset by the initial cost of the reablement intervention. The total (including reablement) mean cost of the social care services used by the reablement group was £380 lower than the total mean cost of the social care services used by the comparison group. The study did also find that Reablement had positive impacts on users' health-related quality of life and social care-related quality of life up to ten months after reablement, again in comparison with users of conventional home care services.

5.3.4 Calculations to quantify the funding required to achieve eligibility for all people referred to homecare suggest an additional cost of around £2.9m per annum based on current contact rates, which equates to approximately 50 additional cases per week (approx. 75% increase in service volumes).

5.3.5 There is evidence to suggest that this would be at worst cost neutral, with potential for savings. Applying the mean cost reduction in ongoing social care services, as identified in the study, to the

¹ Home Care Reablement Services: Investigating the longer-term impacts (prospective longitudinal study) Caroline Glendinning, Karen Jones, Kate Baxter, Parvaneh Rabiee, Lesley A. Curtis, Alison Wilde, Hilary Arksey, Julien E. Forder November 2010

estimated additional eligible cases in Lincolnshire would result in a potential net saving of around £990,000 per annum.

- 5.3.6 It is recognised however, that given the significant additional budget commitment necessary to enable this development to be realised, further work to verify the concept and quantify the potential benefits should be undertaken. It is therefore proposed to pilot the scheme with a sample of users in the first year of the new contract with a view to obtaining the necessary evidence, and to understand the provider's ability to resource up to deliver the increased demand.
- 5.3.7 Should the pilot prove successful and in the event that funding is available, it is proposed to scale up to countywide coverage in year three. Given the amounts involved this would go through a separate approval process which would be informed by the results of the pilot. Should the expected benefits not be realised, the pilot would conclude after 12 months. The total additional expenditure proposed for the first year of the pilot scheme is £500,000, with a potential cost reduction of £747,665.
- 5.3.8 Recommendation 2 seeks approval for the funding of the proposed pilot to be agreed as part of the delegated decision. The funding would come from the Adult Care reserve.

6. Budget and Cost Implications

- 6.1 1.6% of the gross budget in Adult Social Care is spent on Reablement currently. The annual service budget of £4,316,792 is made up of £2,034,835 from the Lincolnshire County Council base budget and £2,281,957 from the Better Care Fund (BCF). A further £1.5m allocation is made from the BCF purely to fund the provider of last resort service element, currently £1.5m p.a. The annual spend for 2019/20 is projected to be £4,345,000, which breaks down as £3,375,000 for Reablement hours and £970,000 for Provider of Last Resort & overstay cases.
- 6.2 Other than the funding to implement the proposal to trial the broadening of service eligibility (discussed at paragraph 5), the reablement service should continue with a consistent budget for the next contract cycle.

7. Risks and Dependencies

- 7.1 The major risks and dependencies associated with this service are detailed below;
- 7.2 The Homecare service is also under review and new contract arrangements need to be in place for 1st October 2020, with a procurement process running along the same timeline as the HBRS. There are a number of associated risks / dependencies here. The most significant being:

7.2.1 Service Mobilisation:

Where there is potential for a new homecare provider implementation, there will ideally be a stable and effective HBRS in operation to support and offer viable contingency capacity. The reverse is also true, and for a new HBRS provider, a smooth and effective mobilisation will be

much easier to achieve if there is an effective and established homecare provision in place. As scheduled, the new HBRS will commence 3 months prior to the new homecare contracts. This should mitigate operational risks to a greater extent. However, it will be important to prevent slippage in the HBRS procurement timeline.

7.2.2 Competitiveness of tender:

Factors such as overlap in provider market and proximity of the tender periods have potential to impact on the competitiveness of one or both procurement processes. An overlap has been built into the tender period in order to address this. Based on initial market engagement with providers it is expected that there are enough providers interested in both opportunities to ensure effective competition.

7.3 The management of capacity in the HBRS, in particular reliance on 'provider of last resort' and overstay functions, is dependent on capacity in the Homecare service. The effectiveness of the changes proposed to the new homecare services, designed to improve capacity and flexibility in those services is therefore a key dependency for HBRS.

7.4 Staff recruitment and retention, in common with the wider care market, represents a challenge for the reablement service. Rates of pay are higher than elsewhere in the sector, reflecting a more skilled role, but this does not entirely mitigate the risk. Other factors, including rurality have an impact, and the Council will continue to engage in workforce development activities. To further support mitigation, the Council will ensure that service volume requirements are developed and communicated during the pre-procurement phase, and throughout contract operation.

7.5 In the Spending Review on 4 September 2019 it was announced that BCF funding would roll forward for another year to 2020/21. The majority of local authorities are building into their medium term financial plan that BCF funding will continue even if it is in a different format. Market engagement feedback that the initial term of the contract should be for a minimum of three years, and it is therefore recommended to proceed with a contract duration of three years with options to extend by up to a further two years. If BCF (or replacement) funding is reduced in future years there will need to be a decision as to whether additional base budget and/or reserves would be committed to fund the remaining period of the contract. In the new contract the Council will also reserve the right to tighten eligibility and flex demand down in order to continue within a reduced budget should that be necessary.

8. Commercial Model

8.1 As noted, the service review has indicated that the current service delivery model is performing well and does not warrant any significant change. We will therefore continue to seek a single provider with an emphasis on ensuring that the required volume 'face to face' hours, as well as reablement outcomes, will be delivered.

- 8.2 Providing committed demand through a single provider remains a viable solution as the required hours are set at a number that in turn equates to a sufficient amount of work as to allow the provider a strong cost base to work from.
- 8.3 By continuing to arrange the contract into a single strategic block the Council will be able to achieve a position wherein it can be satisfied the new agreement will be sustainable and will result in good quality care for service users.

9. Payment and Performance Management

- 9.1 The payment mechanism will be based on a core payment with a separate system of financial incentives and deductions according to performance levels against a small number of key performance targets, with a focus on the delivery of the quality outcomes for the service. Both elements of the payment mechanism fall within the Council's maximum budget allocation for the service. The core payment will be determined by the actual volume of activity undertaken within the invoicing period. If activity levels are equivalent to those that the provider commits to deliver at the point of submitting their bid, they will receive their full core payment allocation. The incentive mechanism will be limited to plus/minus 5% of the total available budget, but are felt proportionate and of a level significant enough to delivery of effective outcomes for service users.
- 9.2 Performance management will continue to be embedded into the contract. This will be linked to manageable, measurable and achievable targets aligned to the agreed key performance indicators, and a formalised system of managing and monitoring performance against the contract. A further review of contract KPI measures will be undertaken prior to commencement of the procurement process to help to ensure that the required service levels across the service are optimised. It will be made clear from the outset that the provider will be contractually responsible for ensuring that they are able to meet the required number of 'face to face' hours and the qualitative outcomes.

10. Contract Commencement and Duration

- 10.1 The existing HBRS contract comes to a conclusion on 30 June 2020, with the new contract needing to commence on 1 July 2020.
- 10.2 The proposed duration of this contract will be for an initial period of three years with an extension period of two years. The attractiveness of this approach was tested as a part of the market engagement process, and the views of the market provided validation that the proposal is a realistic, reasonable and attractive term for the contract.

11 Procurement Implications

- 11.1 The Procurement is being undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 under "Light Touch Regime" utilising an Open Procedure method. An OJEU Notice will be published on 10 February 2020 and a Contract Award Notice will be issued on any award to a successful bidder.
- 11.2 In undertaking the procurement the Council will ensure the process utilised complies fully with the EU Treaty Principles of Openness, Fairness, Transparency and Non-discrimination.
- 11.3 The procurement process shall conform with all information as published and set out in the OJEU Notice.
- 11.4 All time limits imposed on bidders in the process for responding to the OJEU Notice and Invitation to Tender will be reasonable and proportionate.
- 11.5 Subject to the maximum available budget and a commitment to deliver the minimum service volume expectations, which will be aligned to existing service volume expectations, the final cost of the service will be determined via competition.
- 11.6 ITT evaluation will focus on a combination of service cost and quality, and the capability of the single provider and any organisations they may wish to form sub contracting arrangements with to deliver the required volume of hours and quality outcomes across the county.

12. Public Services Social Value Act

- 12.1 In January 2013 the Public Services (Social Value) Act 2013 came into force. Under the Act the Council must before starting the process of procuring a contract for services consider two things. Firstly, how what is proposed to be procured might improve the economic social and environmental wellbeing of its area. Secondly, how in conducting the process of procurement it might act with a view to securing that improvement. The Council must only consider matters that are relevant to the services being procured and must consider the extent to which it is proportionate in all the circumstances to take those matters into account. In considering this issue the Council must be aware that it remains bound by EU procurement legislation which itself through its requirement for transparency, fairness and non-discrimination places limits on what can be done to achieve these outcomes through a procurement.
- 12.2 A stronger and well-resourced community support service will have the potential to deliver increased social and economic benefits to the area by;
- 12.3 Helping people live at home for longer; helping relieve pressure on acute hospitals, care homes, and the wider health system by assisting with front line care and preventing avoidable admissions to hospital.

12.4 Ways will be explored of securing social value through the way the procurement is structured. The operation of sub-contracting and consortium arrangements will be explored as a means of ensuring a role for local small to medium-sized enterprises (SMEs) in the delivery of the services. Evaluation methodologies will be explored so as to incentivise the delivery of a skilled and trained workforce.

12.5 Under section 1(7) of the Public Services (Social Value) Act 2013 the Council must consider whether to undertake any consultation as to the matters referred to above. The service and the value it delivers is well understood. Best practice recently adopted elsewhere has been reviewed. This and the market consultation carried out is considered to be sufficient to inform the procurement. It is unlikely that any wider consultation would be proportionate to the scope of the procurement.

13. Legal Issues:

Equality Act 2010

Under section 149 of the Equality Act 2010, the Council must, in the exercise of its functions, have due regard to the need to:

- * Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- * Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- * Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation

Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:

- * Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic
- * Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it
- * Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding

Compliance with the duties in section 149 may involve treating some persons more favourably than others

The duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision making process

13.1 The key purpose of the service is essential to enabling all those individuals who require community care services to live more independent and healthier lives. In that sense the delivery of the service helps to advance equality of opportunity. The providers' ability to provide services which advance equality of opportunity will be considered in the procurement and providers will be obliged to comply with the Equality Act.

13.2 An Impact Assessment has been completed for the home based reablement service re-procurement and a copy has been included at Appendix 2.

Joint Strategic Needs Analysis (JSNA and the Joint Health and Wellbeing Strategy (JHWS)

The Council must have regard to the Joint Strategic Needs Assessment (JSNA) and the Joint Health & Well Being Strategy (JHWS) in coming to a decision

One of the overarching themes for the current Joint Health and Wellbeing Strategy for Lincolnshire is to embed prevention across all health and care services. The continued commissioning of the Home Based Reablement Service will contribute directly to the achievement of this.

Adults Health and Wellbeing is a core theme of the JSNA, with a key priority being to improve health and reduce health inequalities for individuals. Home based reablement is one of the primary services that the Council utilises to meet its statutory duties and ensure service users are able to live in their own homes for longer.

Crime and Disorder

Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area

This service is unlikely to contribute to the furtherance of the section 17 matters.

14. Conclusion

14.1 Reablement Services are a fundamental part of the care system in Lincolnshire and play a critical role in the overall healthcare system. By providing intensive interventions for residents experiencing a change in need, helping to decrease the need for longer-term social care services,

supporting discharge from hospitals and reducing the chances of re-admission, this improves their quality of life and reduces pressures on already overburdened residential homes and hospitals.

- 14.2 Performance of the current HBRS is exceeding expectations in most areas. Current performance measures evidenced high levels of outcomes achieved and positive Service User feedback.
- 14.3 Re-procuring the service supports the Council in fulfilling its statutory duties for preventing, reducing or delaying needs under the Care Act 2014.
- 14.4 From a social care perspective, there is a high probability that reablement is cost effective by reducing or removing the need for ongoing support via traditional home care or admission to long term residential care. Subject to agreement, the proposal to pilot a broadening of service eligibility will help to provide local evidence to support this position.
- 14.5 It is expected that the proposed changes to HBRS specification, to associated processes and to the inter-dependent Homecare model will allow the council to maximise the capacity available, fully develop referral pathways and improve working relationships with homecare providers. In turn this will maximise service user outcomes.
- 14.6 Additionally, it is expected that the changes will support the management of provider of last resort and overstays in the HBRS, with the intention of reducing reliance on these functions and maximising overall reablement capacity in the service.
- 14.7 A further review of contract KPI measures will also help to ensure that the required service levels across the service are optimised. In addition, continuation of the existing Contract management process will ensure a robust management of the service.

Legal Comments:

The Council has the power to commission and enter into the home based reablement service contract as proposed. The decision is consistent with the policy framework and within the remit of the Executive.

Resource Comments:

With the procurement recommending no change to the financial structure of this service, the budget reflects continuation at current rates.

£0.5m is set aside within ACCW reserve to fund the pilot referred to should it be agreed.

2020-21 will see a rollover of the Better Care funding which contributes to this service.

An element of financial risk is introduced given we haven't confirmation of BCF from 2021-22, should we face this risk materialising this service would form part of a wider review across ACCW.

15. Consultation

a) Has The Local Member Been Consulted?

N/A

b) Has The Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

This report will be considered by the Adults and Community Wellbeing Scrutiny Committee on the 15 January 2020. Any comments of the Committee will be presented to the Executive.

d) Has a Risks and Impact Analysis been carried out?

Yes

e) Risks and Impact Analysis

See body of report and Appendix 2 Equality Impact Assessment.

16. Appendices

These are listed below and attached at the back of the report	
Appendix 1	Service Performance Summary
Appendix 2	Equality Impact Assessment

17. Background Papers

Document title	Where the document can be viewed
Home Care Reablement Services: Investigating the longer-term impacts (prospective longitudinal study) - November 2010	Commercial Team People Services

This report was written by Carl Miller, who can be contacted on 01522 553673 or carl.miller@lincolnshire.gov.uk

Current Performance of the Service

There are 13 KPI's in total and the provider is meeting or exceeding targets in all cases except for one; 'Percentage of refusals due to no capacity', the reasons for which, as noted in the body of the report, can be attributed to the impact of a high number of over stayer and Provider of Last Resort cases impacting the total capacity available to Libertas to undertake reablement.

Four of the contract KPI's, being those considered to be the most relevant indicators of a high performing reablement service and were given an incentivisation mechanism linked to payment, including both payment enhancements and deductions to reward or penalise the provider based on pre-determined performance thresholds. These indicators, along with the associated targets, performance levels and performance credits achieved since Libertas took over the contract are shown in the table below:

Key Performance Indicator	Target	Q4 18/19 KPI %	Q4 18/19 Performance Credit	Q1 19/20 KPI %	Q1 19/20 Performance Credit
% of people reabled to no service	55%	57.8%	£16,500	58.8%	£22,000
Average length of stay in reablement per episode (days)	29	22	£10,000	22	£10,000
Average number of hours between actual start date/time and assessment (hours)	24	0	£7,500	0	£7,500
% of people whose outcome following reablement was admission to hospital	16%	15%	£1,000	16%	£0
Total			£35,000		£39,500

Figure 1 – Key performance indicators linked to Performance and Service credits since Libertas took over the contract

The total number of contact hours per month is currently exceeding target as shown at figure 2. This is currently tracking an average of 11,826 per month (since the current provider started in Dec 2018) which equates to 141,912 per annum. These figures do include POLR & Overstays.

KPI 1 – Total number of contact hours delivered	Allied Healthcare			Alderson Libertas		
	2016/17 Average per month Q1-Q4	2017/18 Average per month Q1-Q4	2018/19 Average per month Q1-Q3	2018/19 Average per month Q4	2019/20 Average per month Q1	2019/20 Average per month Q2 (July & Aug figs only)
Hours delivered	9,404	10,689	10,391	10,398	13,078	12,199
Target (hours)	11,433	11,433	11,433	11,433	11,433	11,433
Performance	Behind Target	Behind Target	Behind Target	Behind Target	Exceeding Target	Exceeding Target

Figure 2 – Average monthly number of Reablement contact hours delivered since 2016/17

Equality Impact Analysis to enable informed decisions

The purpose of this document is to:-

- I. help decision makers fulfil their duties under the Equality Act 2010 and
- II. for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

Using this form

This form must be updated and reviewed as your evidence on a proposal for a project/service change/policy/commissioning of a service or decommissioning of a service evolves taking into account any consultation feedback, significant changes to the proposals and data to support impacts of proposed changes. The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker and the Equality Impact Analysis must be attached to the decision making report.

****Please make sure you read the information below so that you understand what is required under the Equality Act 2010****

Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a personal duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics.

Protected characteristics

The protected characteristics under the Act are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Section 149 of the Equality Act 2010

Section 149 requires a public authority to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by/or under the Act
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not share those characteristics
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics and by evidencing the impacts on people with protected characteristics decision makers should be able to demonstrate 'due regard'.

Decision makers duty under the Act

Having had careful regard to the Equality Impact Analysis, and also the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to:-

- (i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms,
- (ii) remove any unlawful discrimination, harassment, victimisation and other prohibited conduct,
- (iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics,
- (iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

Conducting an Impact Analysis

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision making process.

The Lead Officer responsibility

This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

Summary of findings

You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision making report and attach this Equality Impact Analysis to the report.

Impact – definition

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

How much detail to include?

The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this asking simple questions “Who might be affected by this decision?” “Which protected characteristics might be affected?” and “How might they be affected?” will help you consider the extent to which you already have evidence, information and data, and where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.

You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to arrive at a view as to where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable then it must be clearly justified and recorded as such, with an explanation as to why no steps can be taken to avoid the impact. Consequences must be included.

Proposals for more than one option If more than one option is being proposed you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances, it may be more appropriate to complete an Equality Impact Analysis for each option.

The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.

Background Information

Title of the policy / project / service being considered	Reablement Re-procurement	Person / people completing analysis	Danielle Garratt, Rebecca Walukiewicz,.
Service Area	Adult Care	Lead Officer	Danielle Garratt/Mark Fowell
Who is the decision maker?	Executive	How was the Equality Impact Analysis undertaken?	Research / Discussions have taken place at the Home Based Reablement Project Board. There has been service data gained throughout the contract management of the existing contract. and some engagement with front line staff. Pre-market engagement was also undertaken in the form of a questionnaire.
Date of meeting when decision will be made	04/02/2020	Version control	V1
Is this proposed change to an existing policy/service/project or is it new?	Existing policy/service/project	LCC directly delivered, commissioned, re-commissioned or de-commissioned?	Re-commissioned
Describe the proposed change	<p>This impact analysis forms part of the decision making process relating to the re-procurement of the Reablement contract.</p> <p>Background</p> <ul style="list-style-type: none"> • Adult Social Care has a strategic direction to enable people to remain living independently in their own home for as long as possible. • An effective re-ablement service is key in supporting people to gain or regain their abilities by contributing to faster recovery from illness, fewer unnecessary hospital admissions, prompt discharge from hospital and more opportunities for independent living. • The Care Act, and its implementation guidance, includes reference to commission activity which focuses on outcomes 		

and well- being of people using services.

- A home based reablement service contributes significantly to the overall well- being of people in regaining or maintaining their independence and reducing their need for long term support.
- It needs to contribute to reducing avoidable hospital admissions and support prompt hospital discharges.
- There is a need for all service provision to be effective and to provide value for money .

Evidencing the impacts

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics. To help you do this first consider the impacts the proposed changes may have on people without protected characteristics before then considering the impacts the proposed changes may have on people with protected characteristics.

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify please state 'No perceived benefit' under the relevant protected characteristic. You can add sub categories under the protected characteristics to make clear the impacts. For example under Age you may have considered the impact on 0-5 year olds or people aged 65 and over, under Race you may have considered Eastern European migrants, under Sex you may have considered specific impacts on men.

Data to support impacts of proposed changes

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. Visit the LRO website and its population theme page by following this link: <http://www.research-lincs.org.uk> If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

Workforce profiles

You can obtain information by many of the protected characteristics for the Council's workforce and comparisons with the labour market on the [Council's website](#). As of 1st April 2015, managers can obtain workforce profile data by the protected characteristics for their specific areas using Agresso.

Positive impacts

The proposed change may have the following positive impacts on persons with protected characteristics – If no positive impact, please state 'no positive impact'.

Age	The proposed outcomes of this process would be applicable to those adults whose assessed care needs meet the national threshold regardless of their age. However, it is expected that the service will be used predominantly by older people (65 and over). More people aged 75 and over appear to benefit from the service than any other group (*See table below) .
Disability	The proposed outcomes would be applicable to those adults whose assessed care needs meet the national threshold regardless of their disability. Adult Care supports people who have a disability; this includes those with learning or physical disabilities, autistic spectrum disorder, and older people, the impact is promoting health and wellbeing and enhancing quality of life for adults with eligible care needs, who, for whatever reason relating to those care needs, it is not appropriate, either in the short or longer term, to live in their own homes.
Gender reassignment	There is no specific positive impact relating to gender re assignment. The changes would be applicable to those adults whose assessed care needs meet the national threshold regardless of their gender reassignment
Marriage and civil partnership	There is no specific positive impact relating to marriage or civil partnership
Pregnancy and maternity	There is no specific positive impact relating to pregnancy and maternity
Race	There is no specific positive impact relating to race. The changes are applicable to those adults whose assessed care needs meet the national threshold regardless of race The ethnic origin profile of adults ASC currently supports is consistent with the current overall profile of Lincolnshire residents.

Religion or belief	There is no specific positive impact relating to religion or belief. The changes would be applicable to those people whose assessed care needs meet the national threshold regardless of their religion or belief
Sex	The changes would be applicable to those people whose assessed care needs meet the national threshold regardless of their sex. More females than males appear to benefit from the service (*See table below)
Sexual orientation	There is no specific positive impact relating to sexual orientation. The changes would be applicable to those people whose assessed care needs meet the national threshold regardless of their sexual orientation

If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

A home based re-ablement service is for people who are assessed as suitable and able to benefit from a period of reablement regardless of the protected characteristics of Age : gender re-assignment: pregnancy or maternity: race : disability: religion or belief: sex: sexual orientation : marriage & civil partnership . However people's individual care needs and therefore eligibility for ASC support correlate to groups identified by protected characteristics.

It is anticipated that a new contract will result in positive benefits for all people who use the service.

An effective re- ablement service can also benefit an individual's family and informal carers.

*The following table shows the breakdown of clients who have been supported by the current service provider over a 3 month period by the protected characteristics of age and sex.

Count of Step ID	Column Labels		Grand Total
Row Labels	F	M	
Under 25	1		1
25-49	9	5	14
50-64	50	32	82
65-74	124	75	199
75-84	322	190	512
85+	408	205	613
Grand Total	914	507	1421

This illustrates that older people 75+ and more females than males, benefit from a reablement service

The information used is the 19/20 Q2 STS002a figures which shows new clients (no long term support at time of reablement) that had an episode of reablement ending/expected to be ending between 01/04/2019 – 30/09/2019.

Adverse/negative impacts

You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is justified; eliminated; minimised or counter balanced by other measures.

If there are no adverse impacts that you can identify please state 'No perceived adverse impact' under the relevant protected characteristic.

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact please state 'No mitigating action identified'.

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Age	'No perceived adverse impact'
Disability	No perceived negative impact
Gender reassignment	'No perceived adverse impact'
Marriage and civil partnership	'No perceived adverse impact'
Pregnancy and maternity	'No perceived adverse impact'

Race	'No perceived adverse impact'
Religion or belief	'No perceived adverse impact'
Sex	'No perceived adverse impact'
Sexual orientation	'No perceived adverse impact'

If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

N/A

Stakeholders

Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders)

You must evidence here who you involved in gathering your evidence about benefits, adverse impacts and practical steps to mitigate or avoid any adverse consequences. You must be confident that any engagement was meaningful. The Community engagement team can help you to do this and you can contact them at consultation@lincolnshire.gov.uk

State clearly what (if any) consultation or engagement activity took place by stating who you involved when compiling this EIA under the protected characteristics. Include organisations you invited and organisations who attended, the date(s) they were involved and method of involvement i.e. Equality Impact Analysis workshop/email/telephone conversation/meeting/consultation. State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics please state the reasons why they were not consulted/engaged.

Objective(s) of the EIA consultation/engagement activity

The engagement process supports the procedure for providing Equality Impact Assessments, which will allow LCC ASC to check that new services are being introduced fairly and have evidence of wide ranging and appropriate community engagement

Who was involved in the EIA consultation/engagement activity? Detail any findings identified by the protected characteristic

Age	Engagement covers all adults (18-64 and 65 and over) whose assessed care needs meet the national threshold, all service providers included in the cohort regardless of their age and all professionals included in the cohort regardless of their age.
Disability	All disability groups, with increasing demand from OP as a result of an ageing population in Lincolnshire.
Gender reassignment	No Specific findings
Marriage and civil partnership	No specific findings
Pregnancy and maternity	No specific findings
Race	No specific findings
Religion or belief	No specific findings

Sex	No specific findings
Sexual orientation	No specific findings
Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way? The purpose is to make sure you have got the perspective of all the protected characteristics.	Yes
Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?	The change will be managed via a robust contract management framework that will continue to monitor any impacts with regards to equality.

Further Details

Are you handling personal data?	<p>Yes</p> <p>If yes, please give details.</p> <p>LCC and each successful provider will have a joint controller relationship. The GDPR will be stipulated within each contract setting out the responsibilities for each party.</p>
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Actions required	Action	Lead officer	Timescale
Include any actions identified in this analysis for on-going monitoring of impacts.	Any potential impacts will be monitored in accordance with the contract management framework.	Rachel West	On-going on a quarterly basis unless issues arise.
Signed off by		Date	Click here to enter a date.

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