

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>27 November 2019</b>
Subject:	<b>Block Transitional Care and Reablement Beds Re-Procurement</b>

**Summary:**

This item invites the Adults and Community Wellbeing Scrutiny Committee to consider a report on Block Transitional Care and Reablement Beds Re-Procurement, on which a decision is due to be made by the Executive Councillor for Adult Care, Health and Children's Services between 2 and 9 December 2019. The views of the Scrutiny Committee will be reported to the Executive Councillor, as part of her consideration of this item.

**Actions Required:**

- (1) To consider the attached report and to determine whether the Committee supports the recommendations to the Executive Councillor for Adult Care, Health and Children's Services set out in the report.
- (2) To agree any additional comments to be passed to the Executive Councillor for Adult Care, Health and Children's Services in relation to this item.

## **1. Background**

The Executive Councillor for Adult Care, Health and Children's Services is due to consider a report for decision on the Block Transitional Care and Reablement Beds Re-Procurement between 2 and 9 December 2019. The full report to the Executive Councillor is attached at Appendix 1 to this report.

## **2. Conclusion**

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

### 3. Consultation

#### a) Have Risks and Impact Analysis been carried out?

Yes

#### b) Risks and Impact Analysis

See the Equality Impact Analysis attached at Appendix A to the report to the Executive Councillor.

### 4. Appendices

These are listed below and attached at the back of the report	
Appendix 1	Report to the Executive Councillor – Block Transitional Care and Reablement Beds Re-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 Marie Kaempfe-Rice, who can be contacted on 01522 554087 or [Marie.Kaempfe-Rice@lincolnshire.gov.uk](mailto:Marie.Kaempfe-Rice@lincolnshire.gov.uk)

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

Report to:	<b>Councillor Mrs P A Bradwell OBE, Executive Councillor for Adult Care, Health and Children's Services</b>
Date:	<b>Between 02 - 09 December 2019</b>
Subject:	<b>Block Transitional Care and Reablement Beds Re-Procurement</b>
Decision Reference:	<b>I018689</b>
Key decision?	<b>Yes</b>

**Summary:**

The previous procurement rounds undertaken in respect of the two separate lots of County Council beds and also on behalf of health partners (Lincolnshire's Clinical Commissioning Groups and Lincolnshire Community Health Services NHS Trust[LCHS]) resulted in contracts totalling 86 beds (35 LCC and 51 LCHS) as of August 2019. This provision was situated within 26 care homes across the county. There was a Section 75 agreement established and since 2016 the County Council has undertaken the contract management function for both Council and health contracts.

The initial term of these contracts expired as of 7 August 2019. The contracts have subsequently been extended until 31 March 2020 to allow adequate time to review the service and the options available in respect of a re-procurement of these services. This report gives an update on progress to date and seeks approval for the re-procurement of the Block Transitional Care and Reablement Beds.

**Recommendation(s):**

That the Executive Councillor:

1. Approves a procurement be undertaken for contracts to be awarded to a number of registered care homes across the county for the provision of Block Transitional Care and Reablement Beds, based upon the delivery model and general principles as set out below:
  - To provide a service which aims to reduce hospital admissions and facilitates hospital discharge, that is focused upon re-ablement, ideally within a three week transition period;
  - Have dedicated staff in place promoting independence and return

home;

- The carrying out of weekly Multi-Disciplinary Teams (MDT) meetings to discuss individual placements;
- The allocation of specific rooms which are appropriate to cater for all necessary complex needs and categories of care;
- The incorporation of a flexible provision allowing in some cases for beds to be transferrable responding to either a Health or LCC need;
- To make improvements to the specification including; clear aims and objectives of the service, a standardisation of assessment, admission and discharge processes; and the implementation of a clear transitional pathway identifying when a need is health or social care.
- Contracts to be awarded based upon a higher concentration of beds in fewer care homes and for each of the homes to be located within approximately 30 miles radius of the acute and/or community hospitals therefore reducing the planned transport to and from hospital and improved experience for family members and friends.

2. Delegates to the Executive Director of Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care, Health and Children's Services the authority to determine the final form of the contract and to approve the award of the contract/s and the entering into the contract/s and other legal documentation necessary to give effect to the said contract.
3. Approves the entering into of an agreement under Section 75 of the National Health Service Act 2006 with Lincolnshire Community Health Services NHS Trust.
4. Delegates to the Executive Director of Adult Care and Community Wellbeing, in consultation with the Executive Councillor for Adult Care, Health and Children's Services, the authority to determine the final form of the Section 75 Agreement and to approve the entering into of the Section 75 Agreement and other legal documents necessary to give effect to that Agreement.

**Alternatives Considered:**

1. Extend Current Provision.

The service review identified some key challenges that the current service has experienced as set out below:

- inconsistent operational custom and practice within Health and the County Council;
- differing views within Health and the County Council regarding the appropriate use of the beds;
- lack of information provided to homes prior to placement;
- provision of appropriate medications; and
- inconsistent service provided from GPs.

In addition to this there are a number of possible reasons that have had a negative impact upon previous demand and utilisation rates. These were as follows:

- The suitability and compatibility issues resulting from a higher level of presented need. Particularly in regard to fractures, non-weight-bearing and delirium including dementia;
- The acceptability and accessibility of the rooms made available within the service. In the majority of cases the current contracts do not specify which rooms are attributed to the block arrangements. As the homes accept standard residential or nursing placements, the suitability of remaining rooms, in some cases, are no longer appropriate for the presenting need of the clients being referred under the Block Transitional Bed contract;
- Restrictions on the number of placements each day and admissions not being accepted on a weekend has also had an impact regarding utilisation.

A re-procurement as opposed to an extension of these services is recommended in order to implement improvements at the earliest possible opportunity, allowing the services to run more efficiently and effectively, better meeting the outcomes of eligible individuals.

2 Not to Commission the Services at All

Not to have these services in place would potentially lead to increased hospital admissions and delayed hospital discharge. Also to not commission as recommended may result in having to procure these services on spot purchase basis which would be far less cost effective for the Council.

3 Commission the Services on behalf of the County Council, but not on behalf of Health

Whilst Lincolnshire County Council could procure these services separately it is advantageous to work with health partners and jointly commission services to; avoid duplication, allow providers to benefit from the economies of scale and to work together regarding the development of integrated transitional pathway of care which is ultimately more beneficial for the service user.

**Reasons for Recommendation:**

1. These contracts will reduce hospital avoidance and delays in hospital discharge.
2. A higher concentration of beds in fewer homes will help to ensure that dedicated County Council practitioners and Lincolnshire Community Health Services (LCHS) therapists can work within multi-disciplinary teams more

efficiently across the county. It would also be beneficial if a dedicated area, floor or wing for these services were made available in order to maintain a focus on rehabilitation, returning home and increased independence of the service user. This approach will also ensure the least disruption to the longer term residents.

3. Having a larger number of beds in fewer locations will maximise the potential for provider workforce development, greater job satisfaction and therefore higher staff retention rates. Dedicated named staff will enable weekly multi-disciplinary team meetings and review of service users preventing individuals from being lost in system. This regular review will encourage a quicker turnover accommodating a higher number of placements, allowing more effective hospital discharges, fewer admissions to hospital, prompt responses in emergency situations, overall relieving pressure on health and social care services.
4. It is proposed that service providers who are able to offer a higher number or larger groupings of beds within one setting will be prioritised over those offering fewer beds within the evaluation of tenders. It is intended that the location of these new beds are situated within a 30 mile radius of the hospitals within the county therefore reducing the planned transport to and from hospital and improved experience for family members and friends.
5. More beds in fewer care homes will increase economies of scale for Providers. These contracts provide assurance of supply at one of the Council's usual costs and helps to avoid having to pay even greater top up costs in the event that there is not capacity in the market.
6. Specific rooms with printable prospectus and prior award joint visits will reduce any issues associated with the suitability of room.
7. The beds being transferrable between Health and Social Care will provide a more flexible and fluid service enabling a more efficient response to any changes in demand.
8. The Section 75 Agreement protects the Council against the financial exposure of the health beds and also ensures a consistent approach in terms of contract management across the county. Thus reducing any confusion for service users, providers and practitioners.

## **1.0 Background**

Lincolnshire County's Residential Framework agreement has been the primary commercial arrangement for residential services to date. This arrangement provides a highly flexible and responsive method to make placements by allowing Care Quality Commission registered providers to offer services thus maximising the scope for service users expressing their choice. Increasing demand for services alongside challenging market conditions within the residential

care sector continue to place increasing pressure on the Council and health bodies to find capacity within the usual costs for care. The additional block purchasing agreements offer additional and fixed capacity for Older Persons residential care.

The service was intended to provide a short term re-ablement/ recovery/ reassessment period of support for those individuals who were not necessarily ready to return or remain in their home and live independently. The beds could be used to help facilitate hospital discharge but also admission avoidance. The residential beds were costed at the High Dependency (HD) usual cost acknowledging the expected complexity of need. Also within these contracts are a number of nursing beds which are paid at the HD rate plus the Funded Nursing Care (FNC) rate.

There is an expectation that there are adequate resource levels available to staff these beds at all times. As a result of this the weekly usual cost rate is paid whether the bed is vacant or occupied.

The contracts were procured in three separate rounds with staggered start dates but all expire as of 7 August 2019. There are options available to extend up to a maximum of two years. A decision has been taken to extend until 31 March 2020 to allow adequate time for a review of the current provision and consideration of future demand and requirements in terms of any re-procurement. The County Council and LCHS chose not to extend some of the beds with lower utilisation rates at this point so a fourth round of procurement was undertaken to determine whether any additional beds could be commissioned during this interim period up to 31 March 2020. This resulted in overall bed stock of 82 beds (29 County Council and 53 LCHS).

### 1.1 Demand Levels and Performance Review

The 82 beds are situated across the county however securing transitional beds within the south of the county has previously been more problematic due to the lack of vacancies within care homes and that in the southern locations some care homes are able to attract a higher rate for the room if let on a private basis. The total cost of the transitional beds over the three year period is £6,534,989 and broken down as set out in Table 1:

**Table 1 – Historical Spend**

<b>Commissioner</b>	<b>Year 1 2016-17</b>	<b>Year 2 2017-18</b>	<b>Year 3 2018-19</b>
Lincolnshire County Council	£492,700	£762,002	£913,380
Lincolnshire Community Health Services	£1,185,860	£1,388,065	£1,792,982
<b>Total</b>	<b>£1,678,560</b>	<b>£2,150,067</b>	<b>£2,706,362</b>

The historical demand levels and utilisation rates of the County Council and LCHS beds between 2016 and 2019 are set out in tables 2 and 3 below:

**Table 2 – Utilisation Rates and Categories of Care Lot 1 Lincolnshire County Council Beds 2016-2019**

Categories	Vacant	Unavailable	Long Term Care	Short Term Care	Interim Short Term Care	Respite
Percentages	32%	1%	3%	39%	20%	5%

**\*Vacancy rates have improved over the four separate tender exercises with LCC utilisation rates now around 80%.**

**Table 3 – Utilisation Rates of Lot 2 LCHS Beds 2016-2019**

Indicator	2016/17	2017/18	2018/19	2018/19 Average
Percentage of All Lot 2 Transitional Bed Nights available for use	98.25%	91.92%	96.96%	<b>95.71%</b>
Percentage of All Lot 2 Transitional Bed Nights filled	80.58%	78.10%	84.45%	<b>81.04%</b>

In terms of future demand for the services the statistics from the Lincolnshire Research Observatory (LRO) provides evidence of an increase in aging population in Lincolnshire 87% increase in people aged 75+ by 2041 and a 14% rise in 65-74 age group by the same year. Due to the increasing aging demographic and the need to keep individuals from going into long term residential care or having home care packages, it is expected that the demand levels for these services will continue to increase as the intention is following an intensive, focused, period of rehabilitation they are able to return home and live independently.

There is also evidence of increased pressure in respect of particular categories of care, for example, obesity rates in Lincolnshire are currently higher than the England average which means there will be a greater demand in bariatric placements and as a result of people living longer the complexity of need is greater.

## **1.2 Compliance with Legislation, Policy and Guidance**

It is a requirement that all service providers are registered with the Care Quality Commission (or any successors) and will maintain registration throughout the duration of this contract. Therefore, the regulations required for registration (and their associated standards), and the monitoring of the achievement of those regulations and standards are not duplicated in this service specification. The service providers must comply with all relevant legislation that currently relates to the operation of their business or is amended or implemented at a future date.

The Care Act states that the service provider should ensure that services:

- provide quality and choice;
- are sustainable;
- are flexible to incorporate any subsequent innovations within this market sector which will improve the Service and enable it to meet a diverse range of outcomes for people;
- deliver a cost effective service.

The service provider shall comply with the Care Act and in accordance with this, must ensure that the service user's wellbeing can be assured, whilst supporting person-centred care and support. Wellbeing is defined as the following in the Care Act guidance:

- personal dignity (including the way people are treated and helped);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control over day to day life (including making choices about the way care and support is provided);
- participation in work, education, training and recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living accommodation; and
- the individual's contribution to society.

The service provider is required to deliver the service in such a way that it supports relevant outcomes from the National Integrated Outcomes Framework for:

- Public Health Outcomes Framework 2016 – 2019;
- NHS Outcomes Framework 2017;
- Adult Social Care Outcomes Framework 2016 – 2017.

### **1.3 The Invitation to Tender Document (ITT)**

The ITT will include the following:

- A revised specification has been drafted incorporating key findings and lessons to be learned identified through the review and feedback from stakeholder consultation;
- A specification that is clear in scope, interpretation and expectations;
- Bespoke terms and conditions;
- Appropriate award and evaluation criteria;
- A realistic, appropriate and robust performance management framework; and
- An emphasis on partnership working and effective referral mechanisms.

### **1.4 Commercial Model**

The service provider will be paid the High Dependency usual cost rate for each residential bed. The Funded Nursing Care rate will be applied in addition to the

usual cost for nursing beds. There will be no third party top ups applied to this service provision.

As the service provider will have sufficient staffing levels to support 100% utilisation of the beds, the usual cost will be paid to the service user whether the bed is occupied or vacant.

The usual cost will not however be paid for voids in the following circumstances:

- If the service provider advises the bed is unavailable for whatever reason;
- If the County Council places a suspension on the home;
- The purchaser also reserves the right not to pay, or pay a reduced fee for voids if the care home obtains an "Inadequate" rating from the Care Quality Commission. The specific circumstances of the rating will be considered on a case by case basis.

## **1.5 Competition**

Exposing the service to the open market will help to encourage competition. The proposed revised location criteria specifying the a radius according to where the hospitals, (both acute and community) are based will potentially increase the number of bids and geographical coverage as previous procurement exercises have been solely focused on postcodes predominantly in the south of the county.

## **1.6 Key Interdependencies and Risk Management**

The key interdependencies regarding these services are in respect of the Health practices. Ensuring a safe, efficient discharge is highly dependent upon the hospital processes and procedures, accurate assessments, correct equipment prescribed medication, ambulance and transport services, resettlement services and GP support. The Project Team has mapped these interdependencies and is working independently to try and improve these pathways prior to contract award. The implementation of standard operating procedures, clear transistional pathways and relationship building will also aid in improved partnership working.

The multi-disciplinary approach may put added pressure on practitioners if it is proposed that the service users progress is reviewed on a weekly basis. It is however hoped that if larger groups of rooms are secured within fewer settings this will justify a higher concentration of staff. This will reduce current travel time for County Council practitioners and LCHS therapists.

There is a potential risk of obtaining insufficient bids. In order to mitigate this risk in terms of the new procurement exercise it is envisaged that the Commercial Team will engage directly with, specifically the larger service providers, offering the hotel type accommodation, to advise of this opportunity and stimulate interest. It is hoped that even at the High Dependency rate this opportunity can offer the service providers economies of scale and a sustainable long term income stream.

It is acknowledged that the timescales could be a constraint in the completing the comprehensive work necessary, finalise and effectively procure a new transitional

block bed arrangements to commence on 1 April 2020. Stakeholder commitment will be vital to order to achieve this deadline.

If the County Council is to continue to contract on behalf of LCHS a new Section 75 Agreement must be entered into between the Council and LCHS. The Section 75 Agreement enables the Council to exercise the Clinical Commissioning Group (CCG) and LCHS functions of commissioning the services and therefore to procure and contract for those services in a seamless way recovering the cost from the CCGs and LCHS through the Agreement.

Without a section 75 Agreement in place the County Council will still be able to procure the services for the CCGs and LCHS but it would do so by providing a procurement service. The ultimate contracts would be between the CCGs and/or LCHS and the provider. This would introduce an additional complexity for the provider market and impact on the attractiveness of the proposals to the market thereby potentially affecting the quality of service and value for money that can be achieved.

Either approach allows the Council to undertake the contract management across all of the contracts. If there is no Section 75 Agreement there will need to be a separate enforceable agreement with LCHS to recover the cost of managing the Health contracts.

The Section 75 Agreement is being progressed in parallel to the procurement documentation in an attempt to avoid any delay in the issuing of Invitation to Tender documentation or subsequent award. The recommendations of this report includes approval for entering into a new Section 75 Agreement to support continuing the existing lead commissioning approach.

## **1.7 Tender Process**

A key phase in the procurement will be in how organisations are assessed and qualified at the tender stage. In order to realise maximum benefit from this delivery model, throughout the evaluation process it is proposed that service providers who are able to offer a higher number or larger groupings of beds within one setting will be prioritised over those offering fewer beds within the evaluation of tenders.

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. The ultimate decision as to which provider is awarded contracts will be based on their evaluation performance. As well as location and higher concentration of beds, the evaluation criteria are also likely to include: understanding of requirement, implementation and flexibility of provision including acceptability, accessibility and availability.

## **1.8 Scope**

The full scope for these new arrangements are being developed, provider engagement, service user and practitioner consultation has been undertaken to

gain market intelligence and stakeholder feedback in terms of key aspects of future services.

It is anticipated that the future volume of beds will be as follows:

Purchaser	Number of Residential Beds	Number of Nursing Beds
Lincolnshire County Council	34	0
Lincolnshire Community Health Services	30	24

A contribution will be paid to the County Council for undertaking the contract management function on behalf of LCHS.

**1.9 Market Engagement and Feedback**

A pre-tender market engagement questionnaire was sent directly to every care home on 18 July 2019. Feedback gained from this process has provided an understanding of the market's preferred approach to a number of important issues impacting on the commercial model, including the contract duration, market capacity and resource, categories of care, budget viability, contract attractiveness and mobilisation.

From twelve responses received, key observations are noted below:

- A contract term of an initial three years with options to extend by a further two years was acceptable and attractive to the market;
- Providers indicated that there would need to be limits on the number of placements per day and also limited admission times. This was further reinforced by representation from LinCA particularly with regard to the cost and availability of nursing which remains a system wide risk;
- The current process and paperwork to facilitate discharge from hospital is administratively resource intensive and there are concerns regarding the availability of medication and specialist equipment to meet complex needs;
- The categories of care that providers found most difficult to accommodate were bariatric; due to the specialist equipment and space required, learning difficulties and challenging or aggressive behaviours, which can often put other residents at risk; and
- In terms of the proposed costs and payment mechanism eight out of the twelve providers felt the High Dependency rate was not high enough. Comments suggested the rate should be reflective of the individual's need and ideally paid in advance.

The market feedback was considered and addressed within the specification. In terms of the High Dependency proposed rate of pay, whilst some of the service providers highlighted it being low for this provision, previous procurement rounds have demonstrated that there is good interest in the market at this cost - the last

procurement awarded (September 2019), nine bids were received for a maximum of 30 beds, two service providers offering a further discount from the usual cost.

### **1.10 Procurement implications**

It is the intention to issue a OJEU Notice for publication week commencing 9<sup>th</sup> December 2019 and a Contract Award Notice will be issued on any award to a successful bidder.

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.

The procurement process shall conform with all information as published and set out in the OJEU Notice.

All time limits imposed on bidders in the process for responding to the OJEU Notice and Invitation to Tender will be reasonable and proportionate.

### **1.11 Public Services Social Value Act**

In January 2013 the Public Services (Social Value) Act 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.

Ways will be explored of securing social value through the way the procurement is structured ensuring a role for local small to medium-sized enterprises in the delivery of the services. Evaluation methodologies will be explored so as to incentivise the delivery of a skilled and trained workforce.

Under section 1(7) of the Public Services (Social Value) Act 2012 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. This and the market and other stakeholder 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.

## 2.0 Legal Issues:

### Section 75 Agreement Pre-conditions

Under the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 there are a number of requirements that must be met before partnership arrangements under section 75 can be entered into.

Firstly the partnership arrangements must be likely to lead to an improvement in the way in which the functions are exercised. This requirement is met. The bringing together the adult mental health functions of the Council and health in one organisation means that they are able to create a robust and resilient provision as evidenced by the issues with AMHPs.

Secondly the Council and the CCGs and LCHS must jointly consult such persons as appear to them to be affected by the arrangements. Given the existing arrangements and that they relate to the governance of the services rather than the services being provided it is not considered that there are any persons affected by the proposals in this paper to enter into a new Section 75 Agreement.

### 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

An Impact Assessment has been completed and a copy of it is appended to this report (Appendix A). It is clear within the proposal for this service that the service will remain open to all groups regardless of protected characteristic if recommissioned.

The impacts of continuing the service are positive with particular benefits for older people with complex needs who are the predominant users of the service. Given these mitigations and having regard to the adverse impacts it is open to the Executive Councillor to conclude that having considered the duty that any potential there is for differential impact or adverse impact can be mitigated.

### **3.0 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

Older people is one of the six themes within the JSNA. Dementia and falls are elements addressed within this theme. This procurement seeks to put in place contracts that deliver services to support all categories of care. The intended rate paid to the Provider is reflective of the expectant complex needs. Whilst dementia conditions and individuals being at the risk of falling might not be the individual's primary need, services will be provided to this client group as a result of these services.

### **4.0 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.

### **5.0 Conclusion**

Through undertaking a joint procurement exercise for Transitional Care and Reablement Bed Services, as detailed within the paper, the Council will improve service quality, ensure value for money and most importantly secure a vital service

for those individuals who require a further period of support allowing them to return home and live independently.

#### **6.0 Legal Comments:**

The Council has the power to enter in the contract and the section 75 Agreement proposed. The decision is consistent with the Policy Framework and within the remit of the Executive Councillor.

#### **7.0 Resource Comments:**

Increasing demand for services alongside challenging market conditions within the residential care sector continue to place increasing pressure on the Council to find sufficient capacity within the usual costs for care. The proposal to continue to purchase beds via a block contract arrangement will help enable Lincolnshire County Council to maintain a certainty of supply of residential care across the county and in areas where purchasing at its "usual cost" is becoming increasingly difficult. The beds that are funded by LCHS are part of a Section 75 agreement and as such any spend over the Annual Budget will be covered by them. The County Council beds will be funded via the Adult Care Base Budget.

#### **8.0 Consultation**

a) **Has The Local Member Been Consulted?** - N/A

b) **Has The Executive Councillor Been Consulted?** – Yes

#### **c) Scrutiny Comments**

The decision will be considered by the Adult Care and Community Wellbeing Scrutiny Committee on 27 November 2019. The comments of the Committee will be made available to the Executive Councillor.

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

e) **Risks and Impact Analysis** - Key interdependencies and risk management have been addressed within the report.

#### **9.0 Appendices**

These are listed below and attached at the back of the report:

Appendix A	The Equality Impact Assessment
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#### **10.0 Background Papers**

No Background Papers within the meaning of section 100D of the Local Government Act 1972 were used in the preparation of this Report.

This report was written by Marie Kaempfe-Rice, who can be contacted on 01522 554087 or [Marie.Kaempfe-Rice@lincolnshire.gov.uk](mailto:Marie.Kaempfe-Rice@lincolnshire.gov.uk) .