

**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.

1. 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

13.3 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.

13.4 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

13.5 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.

15. 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.

16. 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.

17. Consultation

Has The Local Member Been Consulted? N/A

Has The Executive Councillor Been Consulted? Yes

Scrutiny Comments

This report was considered by the Adults and Community Wellbeing Scrutiny Committee on 15 January 2020, with the Executive Councillor for Adult Care, Health and Children's Services in attendance.

The Committee agreed to support the two recommendations set out in the report to the Executive.

The re-ablement service supported the principles of prevention and early intervention and aimed to improve the quality of life of individuals and reduce more intensive (and costly) interventions at a later stage. In line with these principles, the Committee welcomed the proposed pilot scheme, outlined in section 5.3 of the report, which would broaden the eligibility for the re-ablement service. The Committee looks forward to a positive outcome from the pilot scheme.

The Committee also recorded its gratitude to the officers, whose prompt and decisive action during the existing contract period ensured minimal disruption to service users, following the withdrawal of Allied Healthcare and the novation of the contract to Libertas.

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

Risks and Impact Analysis

See body of report and Appendix 2 Equality Impact Assessment.

18. Appendices

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

19. 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

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