



Cabinet
14 December 2015

**Report from the
Strategic Director of Adults**

For Action

Wards Affected:
[ALL]

Commissioning of an Integrated Rehabilitation and Reablement service

1.0 Summary

- 1.1 This report relates to one of the key projects within Brent's Better Care Fund (BCF) Programme: the development of an Integrated Rehabilitation and Reablement Service (IRRS). The new service will provide a single point of entry to integrated, short term, intensive assistance support to help people achieve independence in daily living skills and rehabilitation goals in their own home.
- 1.2 The IRRS will be jointly funded / commissioned by Brent Council and Brent Clinical Commissioning Group (CCG). There are two elements to the IRRS: the assessment and therapy elements which will be jointly provided by the Council and the London North West Hospital Trust (LNWHT); and the community based rehabilitation and reablement service provision which will be tendered for in the independent sector.
- 1.3 The new IRRS has been designed through a rigorous co-production process which has involved services users and residents and staff teams from the council, Brent CCG and LNWHT.
- 1.4 It is anticipated the new contract will commence in April 2016. This reports sets out the proposed process which ensure we can meet this deadline, including both the secondment of Brent Council staff to LNWHT, and the procurement of the new community based rehabilitation and reablement service provision from the independent sector.

2.0 Recommendations

- 2.1 That Cabinet notes this is the first new fully integrated service to be developed as part of the wider Better Care Fund programme, and is part of a broader strategic change for the department and the Council.
- 2.2 That Cabinet agrees to enter into an agreement pursuant to section 75 of the National Health Services Act 2006 with London North West Hospital Trust to enable the development and delivery of the new assessment and therapy elements of the IRRS, in which the Council's staff will be seconded to LNWHT.
- 2.3 That Cabinet notes that the service outlined in 2.2 will be funded as part of a wider proposal to enter into an agreement, pursuant to section 75 of the National Health Services Act 2006, with Brent NHS Clinical Commissioning Group, and that a further report will be brought to Cabinet that will outline the full details of this.
- 2.4 That Cabinet approves inviting tenders for the new community based rehabilitation and reablement service on the basis of the pre - tender considerations set out in paragraph 6.2 of this report.
- 2.5 That Cabinet gives approval for officers to evaluate the procurement referred to in 2.4 above on the basis of the evaluation criteria set out in paragraph 6.2 of this report.
- 2.6 That Cabinet delegates authority to award the contracts for the community based rehabilitation and reablement service provision to the Strategic Director, Adults in consultation with the Cabinet Member for Adults, Health and Well-being, and the Chief Legal Officer.

3.0 Background

- 3.1 The BCF programme in Brent pools resources between the Brent CCG and Brent Council through a Section 75 agreement. The CCG and Council have worked with a wider range of health, social care and voluntary sector partners on the Brent Integration Board, to identify, design and develop proposals to improve patient care and well-being outcomes in Brent.
- 3.2 By joining up commissioning activity across health (Brent CCG) and social care (Brent Council), Brent's BCF Programme is supporting the Systems Resilience Group (SRG), which is tasked with ensuring the health and social care system can deliver: effective hospital discharge; reducing the number of Delayed Transfers of Care (DTOCs) and; supporting the early discharge of medically fit people from an acute setting.

3.3 This BCF project, Integrated Rehabilitation and Reablement Service (IRRS) has been co-designed by a Design Team made up of staff from both of the Council's reablement teams and members of the STARRS team at both a managerial and operational level. A Steering Group of senior officers from both the NHS and the Council has undertaken day-to-day decision-making – see Appendix 1 for the governance chart. Consultation has also been undertaken with a wider group including residents, customers, service providers and other health professionals. All stakeholders have been fully engaged with the design at each step of the journey, and the plan is to replicate this model of service design across future BCF schemes.

3.4 The IRRS is made up of two elements:

- The assessment and therapy service – social workers, therapists (occupational therapists, physiotherapists, dieticians, speech and language therapists), care assessors and OT assistants who work with patients to set goals and lead the process
- The community based rehabilitation and reablement service provision - which will deliver the day-to-day support to patients under the guidance of the lead professionals and the patient.

4.0 Assessment and Therapy service

4.1 The current assessment and therapy services are provided to eligible residents across the London Borough of Brent, over the age of 18, and who require short term, intensive assistance to help them achieve independence in daily living skills and/or goals in their own home.

4.2 There are currently three teams delivering assessment and therapy services in relation to IRRS:

- Brent Council's core reablement service delivered through the Reablement team in Adult Social Care. This service is for people with less complex needs, who don't need therapy input during reablement
- The Enhanced Reablement team, which is based in Adult Social Care, but was set up by the CCG and Brent Council to pilot a hybrid approach in which people with more complex needs could get both social care reablement and therapy input in a single service, and
- The LNWH STARRS rehabilitation team, which provides core rehabilitation health services.

4.3 There are currently 57.1 FTE across the teams and they receive 182 referrals per week. However, it has long been recognised that this split of service reflects organisational responsibilities rather than the needs of the patient. When analysed it is clear that this creates fragmentation (with

people having a rehabilitation service which does not talk to the reablement service), and duplication (almost 30% of all assessments are duplicated)

4.4 Therefore, the proposal, which is set out in more detail in Appendix 2, is to bring the current LNWHT-based STARRS Rehabilitation and the Council-based reablement and enhanced reablement services, into a single IRRS assessment and therapy service, which is jointly commissioned by Brent CCG and Brent Council, and delivered by the LNWHT and Brent Council.

4.5 The project has completed detailed workforce modelling and there will be 54.5 staff in the new service, with an overall reduction of 2.6 FTE across the teams. However, there will also be further staff displaced between grades due to the differing pay scales between the organisations and changes to roles. The detail of the impact on Council staff will only be fully understood through the recruitment process. However, Cabinet should note that there will be no compulsory redundancies within the Council resulting from this project. Council staff will have an opportunity either to move to the new service (to be seconded to LNWHT), or to take up a post in adult social care.

4.6 If the approach is approved by Cabinet, the team will focus the rest of 2015/16 on recruiting staff into roles, transferring staff from the Council into the LNWHT, training staff in the new ways of working, developing the community-based reablement market, and ensuring the IT, estates and funding arrangements are in place to support successful go live in April 2016. We expect to see benefits from these changes over winter 2016/17.

4.7 It is proposed that the rehabilitation and reablement, assessment and therapy service will be jointly funded / commissioned by the Council and CCG. It is proposed that cost of the service of £3.1 million per annum will be funded through contributions of £732,800 from the Council and £2,403,500 from the CCG. This will be managed as part of the wider Section 75 agreement for the BCF, which will be the subject of a further report to Cabinet in early 2016.

4.8 It is also proposed that the rehabilitation and reablement, assessment and therapy service will be jointly provided by the Council and the LNWHT. Officers have reviewed ways in which to effect joint provision of the service and favour entering into a Section 75 Agreement with LNWHT. Delegated authority to approve the final terms of the Section 75 Agreement with the LNWHT is sought for the Strategic Director of Adults in consultation with the Chief Finance Officer and Chief Legal Officer.

5. Community Based Rehabilitation and Reablement Service Provision

- 5.1 Currently if you are assessed through the core reablement service your community based reablement service will be provided by one of over twenty care providers. The core reablement service was commissioned as part of the main West London Alliance Home Support Framework which runs until 2018. There is no contractual commitment to continue to use the providers through this framework.
- 5.2 If you access the Enhanced Reablement Service, then your community based reablement service will be provided by one of four care providers who were awarded 1+1 year contracts in January 2015 as part of a mini-tender from the West London Alliance Home Support Framework. It was necessary to do this because the Enhanced Reablement Service requires the Assessment and Therapy service to provide day to day clinical leadership to the care providers which is not the case for core reablement.
- 5.3 During October 2014 to September 2015, 1175 core reablement packages were provided to service users at a cost of approximately £800,000. Between January 2015 and October 2015, 152 enhanced reablement packages were provided to Brent residents, at an annual value of £200,000.
- 5.4 In both the standard and enhanced reablement services there have been recurring issues with providers in relation to service continuity and missed calls; following the instruction of the health professionals; and effective communication between the providers and the health professionals. This has served to impede service quality and impact on the time of the health professionals and the contract manager.
- 5.5 Therefore, the proposal is to re-commission the community based service as a rehabilitation and reablement service with a smaller number of providers aligned to the new model of assessment and therapy service outlined in section 4 above. In this new model, the care provider will work much more closely with the lead professional from the assessment and therapy service, who will be much more proactive in directing the work.
- 5.6 At present, as described above, the Lots in the WLA home support framework have not successfully delivered the reablement service that is necessary to provide the level of service that will be required for the new integrated service. Therefore, new providers will be sourced independently of this framework.
- 5.7 It is proposed that the community based rehabilitation and reablement service contract will be split into several lots across North, South, East and West Brent to ensure that there is less travel time and stronger links can be made to other local services, such as GPs. (See Appendix 3 for the detailed analysis of geographical spread of patients). It is expected that one provider is appointed per lot, but it is possible that more than one provider may be appointed to each lot.

5.8 Ideally the new community based rehabilitation and reablement service would go live at the same time or as close to the new Assessment and Therapy Service in April 2016. Therefore, officers recommend Cabinet delegates authority to award the contracts for community based rehabilitation and reablement provision to the Strategic Director of Adults in consultation with the Cabinet Member for Adults, Health and Well-being, and the Chief Legal Officer.

6.0 Pre-tender considerations

6.1 This section of the report sets out, in accordance with Contract Standing Orders 88 and 89, the pre-tender considerations for the community based rehabilitation and reablement service for the approval of the Cabinet.

6.2 The Cabinet is asked to give its approval to these proposals as set out in the recommendations and in accordance with Standing Order 89.

Ref.	Requirement	Response	
(i)	The nature of the service.	Community Rehabilitation and Reablement Service	
(ii)	The estimated value.	£1,000,000 for the whole service for the initial one year contract term and £2,000,000 if the contract term is extended	
(iii)	The contract term.	1 year with the option for the council to extend the contract term by a period or periods up to 1 further year	
(iv)	The tender procedure to be adopted.	Restricted Procedure	
v)	The procurement timetable.	Indicative dates are:	
		Adverts placed	11/01/16
		Expressions of interest returned	08/02/16
		Shortlist drawn up in accordance with the Council's approved criteria	19/02/16
		Invite to tender	19/02/16

Ref.	Requirement	Response
		Deadline for tender submissions 11/03/16
		Panel evaluation and shortlist for interview 21/03/16
		Interviews and contract decision 22/03/16
		Report recommending Contract award circulated internally for comment and Chief Officer approval 28/03/16
		Delegated Chief Officer approval 30/03/16
		Minimum 10 calendar day standstill period – notification issued to all tenderers and additional debriefing of unsuccessful tenderers in accordance with EU Regulations 01/04/16
		Contract Mobilisation 18/04/16
		Contract start date 18/04/16
(vi)	The evaluation criteria and process.	<p>1. Stage 1 selection (pre-qualification stage) shortlists are to be drawn up in accordance with the Council's Contract Procurement and Management Guidelines and will require bidders to meet the Council's financial standing, technical capacity and technical expertise requirements.</p> <p>2. Tender evaluation at Stage 2 will be used to identify the most economically advantageous tenderers using <u>Quality and Price criteria</u> whereby:</p> <p>Quality will constitute 50% of the evaluation criteria and will look at:</p> <ul style="list-style-type: none"> • How the provider's previous experience in successfully delivering similar services will be applied to meet the required outcomes. • How the Service will be operated to provide a high quality service that results in improved outcomes for service users.

Ref.	Requirement	Response
		<ul style="list-style-type: none"> • How the service provider will provide a high calibre of trained and experienced staff, recruited locally to meet the needs of those in receipt of the service. • How social value will be delivered through this contract. <p>Price will constitute 50% of the evaluation criteria.</p>
(vii)	Any business risks associated with entering the contract.	No specific business risks associated with the proposed contract have been identified.
(viii)	The Council's Best Value duties.	The evaluation criteria are based on a model where cost and quality will be evaluated to ensure that provider(s) are selected on best value grounds. The tendering documentation will also specify how the contracts will be managed to ensure on-going delivery of the outcomes.
(ix)	Consideration of Public Services (Social Value) Act 2012	<p>The following Social Value assessments will be incorporated into the prequalification and tender evaluation processes:</p> <p>Qualification stage</p> <ul style="list-style-type: none"> ▪ Involvement of Small and Medium Enterprises (SME's), particularly within Brent. ▪ Adoption of ethical practices: these will include Safety and Hygiene, Working Hours and payment of LLW. <p>Tender stage</p> <ul style="list-style-type: none"> ▪ Confirmation that London Living Wage will be paid. ▪ Number of additional jobs that will be created as part of the contract. ▪ Percentage of vacancies that will be targeted at unemployed in-borough people. ▪ Total anticipated spend with SME's (in and out of Brent). ▪ How policies and procedures regarding equality and human rights will be applied to the range of service users. ▪ What % of zero hours contracts the providers' will employ across their staff working on the contract. ▪ The types of funding arrangements that providers will put in place to cover travel costs for staff working on the contract. <p>The weightings for Social Value will be at least 10% of the</p>

Ref.	Requirement	Response
		total quality score.
(x)	Any staffing implications, including TUPE and pensions.	See section 10.0 below.
(xi)	The relevant financial, legal and other considerations.	See sections 7.0 and 8.0 below.

7.0 Financial Implications

7.1 Assessment and Therapy service

7.1.1 The new staffing structure, which would be jointly funded by the council and the CCG to support this service, would cost £3.1m. The councils contribution to the £3.1m cost will be limited to the current staffing spend on Reablement, which equates to £732,800. This is the same as the current revenue budget for staffing the reablement assessment function.

7.1.2 At present there are also a small number of Council posts within the Enhanced Reablement Service funded by the CCG on a non-recurring basis. In 2014/15 this equated to staffing costs of approximately £0.3m. The new Assessment and Therapy service will remove this arrangement and thus negate the existing risk of funding not being secured for these posts on an annual basis.

7.1.3 Via the new service, the Council will be managing the demand pressures of increased costs in home care, residential and nursing care, and the project will recoup benefits across the whole system rather than within this specific project. The maintenance of the investment will be measured in terms of the reduction and size of home care packages, hospital admissions and residential and nursing care costs, rather than a short-term immediate budget reduction from this service. Therefore, no specific financial benefit has been quantified.

7.2 Community Based Rehabilitation and Reablement Provision

7.2.1 The Council's Contract Standing Orders state that contracts for supplies and services exceeding £250,000 or works contracts exceeding £500,000 shall be referred to the Cabinet for approval of

the award of the contract.

- 7.2.2 The estimated value of the Integrated Rehabilitation and Reablement contract over the proposed 1 + 1 year contract term is £2million. The contract value is equivalent to 70,000 hours of care per annum which compared to projected demand is expected to be sufficient.
- 7.2.3 The expected contract cost of the new service is £2million for 1+1 years, will be met from within the Adult Social Care cash limit for each financial year of the contract. Should the cost of the contract be exceeded the additional cost will have to be contained within the Adult Social Care departmental budget as required.

8.0 Legal Implications

8.1 Rehabilitation and Reablement, Assessment and Therapy service

- 8.1.1 With regard to the assessment and therapy service, the intention is to enter into partnership agreements pursuant to s75 of the National Health Service Act 2006 on the basis that it will lead to an improvement in the way the council's, the CCG's and the LNWHT's functions are exercised. The s75 Agreement is the vehicle by which the services that are to be delivered, the mechanism for expenditure; and delivery of outcomes are clarified to ensure each party knows exactly how it will operate and to reduce the risk of disputes.
- 8.1.2 Contract Standing Order 85 provides that a formal agreement in respect of any partnership arrangement must be signed by the parties.
- 8.1.3 Contract Standing Order 85 also provides that the Chief Finance Officer must approve any partnership arrangements. Officers have been working with Finance in relation to partnership arrangements proposed and approval is sought to delegate authority to the Strategic Director, Adults in consultation with the Chief Finance Officer and the Chief Legal Officer to approve the final terms of the proposed partnership arrangements.

8.2 Community Based Rehabilitation and Reablement Provision

- 8.2.1 With regard to the procurement of community based rehabilitation and reablement provision, such services fall within the social and other specific services listed in Schedule 3 ("Schedule 3 Services") of the Public Contracts Regulations 2015 ("EU Regulations") and as

such are subject to a lighter touch regime. The estimated value of this proposed procurement is £2 million (including possible extension). The procurement will be broken down into four lots each of a value of circa £500,000. Whilst the contracts for each lot are below the threshold applicable to Schedule 3 Services (currently set at £625,050), Regulation 6 (11) of the EU Regulations requires that as the aggregate value of all lots together is in excess of the relevant threshold, the EU Regulations apply to the award of contracts for each lot.

8.2.2 The estimated value of the proposed procurement of community based rehabilitation and reablement provision and indeed the estimated value of the contracts for each lot are in excess of £250,000 making them High Value Contracts under the Council's Contract Standing Orders. As such the contracts are subject to the Council's own Standing Orders and Financial Regulations in respect of High Value Contracts and therefore the Cabinet must approve the pre-tender considerations set out in Section 6.0 of this report (Standing Order 89) and the inviting of tenders (Standing Order 88).

8.2.3 If delegated authority to award is granted, once the tendering process is undertaken, Officers will report back to the Strategic Director of Adult Social Care and the Lead Member for Adults, Health and Well-being and Chief Legal Officer, explaining the process undertaken in tendering the contracts and recommending award.

8.2.4 As the procurement is subject to the application of the EU Regulations, the Council must observe the requirements of the mandatory minimum 10 calendar day standstill period before contracts can be awarded. The standstill provides unsuccessful tenderers with an opportunity to challenge the Council's award decision if such challenge is justifiable. However if no challenge or successful challenge is brought during the standstill period, at the end of such period the council can proceed with the award of the contract.

9.0 Diversity Implications

9.1 The proposals in this report have been subject to screening and officers believe that there are no diversity implications, therefore there is no need for a full Equality Analysis to be completed.

10.0 Staffing/Accommodation Implications

- 10.1 With regard to the procurement of the community based rehabilitation and reablement contract, external contractors currently provide this service and there are no implications for Council staff arising from retendering the contract.
- 10.2 With regard to the assessment and therapy service, Members are referred to paragraphs 4.5 of the report for details regarding implications for council staff. It will be noted that the internal council Staff who are employed are all going to be redeployed and seconded to LNWHT and as such there are no anticipated redundancies arising from the reorganisation. A secondment agreement will be required if staff are seconded out of Brent.
- 10.3 With regard to accommodation implications of operating the joint service, staff will mainly be based within the LNWHT with satellite desks in other locations to be determined. The detail of this will be the subject of the Section 75 agreement.

11.0 Public Services (Social Value) Act 2012

- 11.1 The Council is under duty pursuant to the Public Services (Social Value) Act 2012 (the "Act") to consider how the services being procured might improve the economic, social and environmental well-being of its area; how, in conducting the procurement process, the council might act with a view to securing that improvement; and whether the council should undertake consultation. Officers have commenced engagement with a range of service users to understand their views of the current service and how the future contract may be shaped to meet economic, social and/or environmental needs.
- 11.2 The services being procured have as their primary aim improving the social and economic well being of some of the most vulnerable groups in Brent. They are highly specialist with only a very limited number of suppliers who can meet the Council's requirements. Nevertheless, officers will endeavour to ensure the requirements of the Act are implemented as part of the procurement process.
- 11.3 Bidders will also be asked to submit pricing that includes the London Living Wage.

12.0 Background Papers

12.1 None.

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