

<b>Item No.</b> 15.	<b>Classification:</b> Open	<b>Date:</b> 24 March 2020	<b>Meeting Name:</b> Cabinet
<b>Report title:</b>		Gateway 1 - Procurement Strategy Approval – Reablement services	
<b>Ward(s) or groups affected:</b>		All	
<b>Cabinet Member:</b>		Councillor Jasmine Ali, Children, Schools and Adult Care	

## **FOREWORD – COUNCILLOR JASMINE ALI, CABINET MEMBER FOR CHILDREN, SCHOOLS AND ADULT CARE**

Re-ablement is the official title given to short-term care at home, to aid recovery after discharge from hospital.

While post-operative care and post-discharge care are general terms referring to care offered for however long it takes for an individual to get back on their feet, re-ablement is more specific. It may also involve help with activities of daily living. For example, if someone has had a fall needing hospital admission, they may not be physically capable of coping with daily tasks such as washing, dressing and domestic tasks. It frequently involves physiotherapy, occupational therapy and nursing care.

The Southwark Re-ablement team is made up of representatives from health and social care, who work together on behalf of people that need our support to improve their quality of life and work towards independence.

The current Re-ablement Service arrangement will reach the end of its contract cycle in September 2020. The purpose of the following report is to set out a procurement strategy for the provision of subsequent community-based re-ablement services.

The projected annual cost of this service is £1.4m so the contract value for the initial 3-year terms is £4.3m and £7m if both extension options are exercised.

In addition to the recommissioning of the re-ablement service the paper proposes the creation of an in-house therapy (Occupational Therapy) team to work with the service provider. The therapy team will support improved outcomes for people using the re-ablement service – notably improvements in independence and wellbeing, providing opportunities for people with higher levels of dependency. It will identify innovative support solutions as well as highlighting better ways to use existing resources.

The creation of this new therapy team will incur an additional cost, over the current service budget, of approximately £100,000 per annum. It is envisaged that this additional cost will be readily offset by improved savings in on-going care and support required on leaving the service.

The Care Act 2014 provides the legislative context for this service, with a legal requirement for the council to deliver a better response to service users and their carer, along with a more cohesive strategy to prevent, delay and reduce people's dependency on long-term services.

Demographic analysis is clear that Southwark's population is set to increase for people over 65 by 13,410 by 2030. This will see an increased prevalence of long-term conditions like dementia which will have a significant impact on health and social care locally.

Re-ablement services can and must play a key role in minimising the effect of disability or deterioration along with helping to mitigate the effects of increasing demand pressure.

In 2018-19 re-ablement provision was offered to 1034 people and 61% of people completing re-ablement did not require any ongoing care or support. Through improving our service there is clear potential to increase successful outcomes to a level at least comparable to the inner London average of 74.7%.

## **RECOMMENDATIONS**

1. That Cabinet approves the procurement strategy outlined in this report to undertake a competitive tender to establish a re-ablement contract which will be for term of three years from 3 February 2021, with provision to extend the contracts for a further two years (1+1) through annual extensions.
2. That Cabinet notes that the projected maximum annual contract value for this service is £1.4m and therefore the contract value for the initial three-year terms is £4.3m and £7m if both the extension options are exercised.
3. That the Cabinet also notes that an additional cost, over the current service budget of approximately £100,000 per annum, will be identified to create an in-house team as described from paragraph 16.
4. That Cabinet notes that approval will be sought, via a Gateway 3 report, for the extension of the current contract for a further five months to allow for the completion of the procurement procedure and implementation of the new arrangements.

## **BACKGROUND INFORMATION**

5. In line with the national context regarding public sector funding, Southwark's Adult Social Care continues to face significant demographic challenge. In Southwark, the number of people aged over 65 years is expected to increase by 13,410 by 2030. This is a growth of 50% over the next ten years. The ageing population and increased prevalence of certain long-term conditions including dementia which has a significant impact on health and social care provision locally, as the likelihood of individuals requiring support with activities such as walking, dressing and having additional co-morbidities will increase. To meet the future demand, it is vital that care and support systems intervene early to support individuals and help them to retain or regain independent living skills and confidence.
6. The Care Act 2014 ("Care Act") also sets out a legal requirement for the council to deliver a better response to service users and their carers; along with a more cohesive strategy to prevent, delay and reduce people's dependency on long-term Adult Social Care. It recognises that effective interventions at the right time can stop needs from escalating and help people to maintain their independence for longer. It supports the development of services which improve people's independence and wellbeing, through active preventative services rather than waiting for people to reach a crisis point.

7. There are many ways in which a local authority can achieve the aims of promoting wellbeing and independence. The provision of a re-ablement service forms part of the formal interventions that are classified as tertiary prevention. These are interventions aimed at minimising the effect of disability or deterioration for people with established complex health conditions, including progressive conditions, or after a hospital admission due to falls or other age-related conditions. Local authorities must provide or arrange for services, resources or facilities that maximise independence for those with such needs.
8. The Care Act statutory regulations require that intermediate care and re-ablement must be provided free of charge for up to six weeks. This is for all adults, irrespective of whether they have eligible needs for ongoing care and support.
9. Southwark's vision for Adult Social Care also supports the principle of re-ablement through its vision statement.

*"Members of our community can access high quality information, advice and coordinated community services that prevent, reduce and delay their needs for social care support. Adults with eligible support needs and their carers have access to services which maximise independence and choice, and enable them to live healthy, safe and fulfilling lives in their community".*

10. The council currently has a contract with a single provider which expires at end of September 2020. Additional ad hoc hours are purchased as and when demand exceeds capacity from other providers within the market.
11. This report seeks Cabinet approval for a procurement strategy that delivers on the Adult Social Care vision; to provide an improved offer that builds on the benefits of integrated re-ablement and rehabilitation services between the council and Guys and St Thomas NHS Foundation Trust (GSTT); and is meeting the challenges of a significant demographic growth.

#### **Summary of the business case/justification for the procurement**

12. Improved outcomes will be achieved through the creation of an in-house team and through the re-commissioning of the service within the independent sector.
13. Re-ablement provision is a key demand management strategy for Adult Social Care. In 2018-19, re-ablement was offered to 1034 service users and 61% of people who completed re-ablement episode did not require any on going long term care. Through an improved re-ablement offer, there is potential to enhance these outcomes from 61% to 70%. This level of performance would be more comparable to the Inner London average of 74.7%.
14. The improved offer is informed by the vision statement that Adult Social Care have developed for the community re-ablement service.

*'Framed within an Occupational Therapy approach, the multidisciplinary team work together, to support people to regain skills and abilities, build personal resilience and achieve their desired outcomes. Re-ablement works in partnership with the service user, utilising resources in their community and voluntary sector to prevent, reduce and delay the need for crisis intervention and long-term care, as part of a strengths based approach'.*

15. This report makes the case for tendering of the re-ablement service. This will enable commissioning of a new service from the market and ensuring continuity of services from 3 February 2021. In addition to the commissioned service, which will have re-ablement support workers, the service offer will be enhanced and strengthened by a team of Occupational Therapist Assistant (OTAs) working alongside the successful provider. Analysis of current caseloads confirms that a team of 9 OTA's with a Senior Practitioner would be required to support the service model. Rather than a 'one size fits all' approach, the new service will tailor its responses across three levels as described below:

<b>Community Re-ablement Offer</b>	<b>Levels and features of intervention.</b>	<b>Length of re-ablement episode and target intervention.</b>
Level 1 'Routine'	<p>The person rarely requires nursing or pharmacy intervention.</p> <p>An Occupational Therapist (OT) develops a therapy plan. A re-ablement support worker then delivers this plan.</p> <p>Progress is monitored by OTA who attends weekly multi-disciplinary meetings and feeds back to OT or Physio Therapist (PT) to agree discharge from the integrated service.</p> <p>In addition, a transfer of care plan for ongoing community, voluntary sector and / or social care engagement is developed where appropriate.</p>	<p>2- 3 weeks.</p> <p>A re-ablement support worker delivers therapy goals.</p>
Level 2 'Degree of complexity'	<p>The person may require one off intervention from nursing or pharmacy staff.</p> <p>A therapy plan is developed by an OT or PT – lead professional and can be a one off intervention.</p> <p>The plan is then delivered and monitored by OTA who attends weekly multi-disciplinary meeting and feeds back to the OT/PT to agree a discharge from the integrated care service.</p> <p>The person may have occasional additional visits from therapists throughout and support from a Re-ablement Support Worker.</p> <p>A transfer of care plan for ongoing social care or community and voluntary sector engagement is developed.</p>	<p>Up to 4 weeks.</p> <p>Therapy goals are delivered by an OTA with support from a re-ablement support worker.</p>

Community Re-ablement Offer	Levels and features of intervention.	Length of re-ablement episode and target intervention.
Level 3 Complex	<p>Working closely together the OTA and the Re-ablement Support Workers together with other professionals, providing a wider multidisciplinary approach, including social work, nursing and/or pharmacy intervention.</p> <p>The intervention often includes the use of moving and handling equipment and the plan to incrementally step down from use of this equipment.</p> <p>The Lead therapist, identified from the team, develops the plan and coordinates intervention. The service user may need additional days subject to the lead professional's discretion.</p> <p>A wellbeing/crisis plan is developed at the point of discharge.</p> <p>In addition a transfer of care plan for ongoing social care or community and voluntary sector engagement is developed.</p>	<p>4-6 weeks.</p> <p>Therapy goals are delivered by a re-ablement support worker/s and OTA.</p>

### **Creating a team of OTAs**

16. Creating an in-house team will bring together 9 directly employed OTAs with a dedicated senior practitioner, co-located with independent provider staff (re-ablement support workers), thereby improving the seamless delivery by statutory and independent sector organisations.
17. The creation of a team of OTAs, within the overall re-ablement service, and will provide therapeutically identified interventions that will:
  - Have the skills to provide higher intensity/more targeted interventions with less reliance on the number of contracted hours (re-ablement support) required and ongoing home care hours
  - Improve the management of contracted hours (re-ablement support) via OTAs input into multi-disciplinary decision meetings and stronger partnerships developed with the community and voluntary sector
  - Support a targeted therapeutic approach (by coaching and facilitating the use of techniques) leading to an improved capability of tasks and independence, also during the same visit, supporting service users with activities such as their personal care and preparing breakfast/lunch using this approach.
  - Have the required skills to recommend the necessary assistive equipment and make links to explore technology solutions for ongoing independence post re-ablement
  - Enhance capacity of occupational therapists so that OTs can focus on more complex cases, ensuring that staff knowledge, skills and experience are applied

proportionately. This is of significance in response to the future demographic projections.

18. The indirect benefits of creating this team include growing our own Occupational Therapists by creating a career pathway for re-ablement workers, and others with opportunities to train as an OT.

### **Market considerations**

19. The Social Care market is faced with challenges including availability of suitably skilled and experienced staff, increased cost pressures related to high levels of staffing turnover, limited access for ongoing training, support and career development. Current data sharing arrangements mean that independent providers are unable to consistently access and participate within multi-disciplinary team for assessment and decision making to facilitate an integrated care plan.
20. Co-location of the in-house team, as detailed above, will address the current challenge and provide therapy leadership and capacity to support more complex and intensive needs. This approach will optimise benefits for individuals and for the wider health and care system. However, the team requires skilled and highly trained staff (such as OTAs) with the associated costs and access to multi-disciplinary training and development activity, including training and mentoring provider staff on the job. The council has the necessary infrastructure to enable this to be put in place.

### **KEY ISSUES FOR CONSIDERATION**

21. The council currently has a contract for Re-ablement Support Workers that is due to expire on 30 September 2020, requiring an extension to allow for the procurement procedure to be completed. It has delivered a marked reduction in quality alerts, improved capacity, improved performance and improved outcomes for service users. As provided with the business case above, the council requires this service to continue as part of the improved offer.

### **Options for procurement route including procurement approach**

22. This proposal has been informed and shaped by detailed work completed by officers from Commissioning and Adult Social Care divisions and joint service lead for Intermediate Care Southwark. This has included analysis of current service performance, best practice models regionally, comparative data available and what the future service requirements would likely to be.
23. The options that have been actively considered are summarised as follows:

Option	What it entails
1.Commission a lead external provider supported by a in-house team	<p>Commission, through a restricted procedure, a lead external provider through a competitive tendering process. This would provide a clear partnership contractual arrangement including shared aims, objectives outcomes and co-location.</p> <p>Re-ablement support workers would be employed by a provider and supported by an in-house team of OTAs to effectively blend the relative cost effectiveness of independent sector provision, enhanced by therapeutic staffing, knowledge, skills and experience.</p>

	<p>The expected cost for this option is £1.4m for the contracted provider and £0.4 m for the in-house team of 9 OTAs and 1 senior practitioner, the total being £1.8m.</p> <p><b>Recommended.</b></p>
2. A fully operated in-house service.	<p>The council directly employs all the staff including re-ablement support workers and OTAs.</p> <p>The council registers with Care Quality Commission for the provision of re-ablement care and support.</p> <p>A wholly in-house team would lack resilience given the need to cover any absences and would require an expensive solution to achieve such resilience.</p> <p>Not recommended.</p>
3. Commission the service through an NHS community health provider	<p>A NHS provider employs the staff with NHS terms and conditions and Adult Social Care works in partnership with the provider to deliver the service. The costs of this option are estimated at least another 10-20% over the costs proposed due to staffing terms and conditions.</p> <p>Not recommended.</p>
4. Do nothing.	<p>The council ceases to provide re-ablement service from 1<sup>st</sup> October 2020. This would significantly impact upon independence, wellbeing and the achievement of outcomes for people and contrary to the requirements of the Care Act. In the absence of re-ablement there is likely to be a marked deterioration in key areas of performance such as Delayed Transfers of Care.</p> <p>Not recommended.</p>

### **Proposed procurement route**

#### **24. Option 1 is recommended for the following reasons.**

- The current re-ablement service outcomes, notably the number of people not needing ongoing long-term support, are below the inner London average of 75%. Through the option proposed, the service has the potential to improve the outcomes of people not needing ongoing long-term care from 61% to 70% and to then seek to exceed the London Average of 75% as and when the model is fully embedded.
- Through the recommended option, there are clear opportunities to work more closely with the contracted provider in the planning and delivery of services and ensuring that we effectively integrate the strengths of staff across different disciplines.

- We can improve the flexibility of the services, including the ability to better flex staffing types, skills and numbers deployed in the service at periods of high demand, changes in best practise, adjustments made to the mix of resources applied to any individual service user.
- The recommended option enables workforce development, including that of ‘local jobs for local people’ and to grow and retain skills in Southwark, including staff employed within the provider service who may aspire to become OTAs or Social Workers in future as they work with, and alongside staff from the council in day to day planning and delivery.
- The proposed option will improve financial efficiency. It is estimated that the referrals to the re-abllement service will increase by 50% over the next ten years and this will put additional pressure on Adult Social Care budget. The proposed approach will mitigate the increased cost through reducing the average re-abllement hours and/or length of re-abllement episode. For illustration, reducing the average length of episode from five to four weeks would generate efficiencies of approx. £365,000 in year and approx. £443,000 by year 5. This is calculated based on the overall average re-abllement hours reduced for all clients referred to the re-abllement service at the current cost.
- The option proposed also offers improvements in cost avoidance. This can be seen in the improved management of future demand by increasing the number of people not requiring ongoing support. Performance improvement to 70% of service users not needing ongoing support, would avoid costs of £574,000 in year 1 (2020/21). This is calculated on 65 people not needing on-going home care support of 10 hours per week at £17 (average cost) per hour. This has potential to increase to cost avoidance of £694,000 by year 5 as it estimated that up to 79 people won’t need on-going home care support.

### **Other options considered**

25. **Bring the Re-abllement Support Worker service in-house.** This will require employing a registered manager to oversee the service and be regulated by Care Quality Commission. Regulated services carry a reputational risk related to inspections and the ratings that follow from the inspections. Also, the use of an external provider allows for increases in demand being responded to in an agile way.
26. **Commission an NHS provider.** Initial financial modelling on this option indicates an additional cost of approx. £200,000 on the lead provider option, given staffing terms and conditions. The distinguishing factor of a re-abllement service is that on balance the provision is based upon a social rather than a medical model of care, there is a risk that a NHS provider would deliver a ‘health focused’ service. In addition, there would be a longer leading in time for this option and therefore delay realising the improved benefits for the whole system.
27. **Continue the current contractual arrangement.** This is not an option as the current contract on 30<sup>th</sup> September 2020 and has no option to significantly extend.
28. **Do nothing.** This is not an option as the council has a statutory duty under the Care Act 2014 to provide services that prevent, delay and reduce dependency of its residents on long term care services. In addition, as detailed in the report, an

effective re-ablement provision is key to manage the ongoing significant demand on Adult Social Care due to demographic growth particularly of people aged over 65.

## 29. Identified risks for the procurement

Risk	level	Mitigation
Lack of appropriate, suitably qualified and experienced suppliers' responses to the invitation to tender	Low	Comparative models across London including current contract arrangements in Southwark, indicate that there is a responsive market of suitably experienced providers. The enhanced support via the in-house team seeks to address areas of identified shortfall and challenge in the delivery of the service helping to make the tender an attractive one to bid for.
Provider failure	Low	A robust tendering process will ensure a financially stable and experienced provider is awarded the contract. Council officers will work in close partnership with the provider through regular contract monitoring and operational meetings to pick up any signs of failure at an early stage and ensure appropriate support and contingencies are put in place during the contract period.

### Key/non-key decisions

30. This is a key decision

### Policy implications

31. Southwark's vision for Adult Social Care recognises the need to work with partners across the whole health and social Care system to improve wellbeing and reduce the need for hospital and to improve support for those with long term conditions.,
32. The Clinical Commissioning Group (CCG) and Council's joint commitment is set out in Southwark's Five-Year Forward View (FYFV), which is to improve the way, our local health and social care system operates to bring about the best possible health and care outcomes for the people of Southwark.
33. A re-ablement service is an essential element of national healthcare policy to provide health and care closer to home, enhance independence and recover and avoid hospital admissions.
34. The council's Fairer Future Procurement Framework (FFPF) supports the council's vision for a fairer future for all in Southwark, so that the council honour its promise to deliver value for money and quality services.

## Procurement Project Plan (Key Decisions)

Activity	Complete by:
Enter Gateway 1 decision on the Forward Plan	02/12/2019
CCRB Review Gateway 1	09/01/2020
DCRB Review Gateway 1	22/01/2020
Brief relevant cabinet member (over £100k)	04/02/2020
Notification of forthcoming decision - Cabinet	02/03/2020
Approval of Gateway 1: Procurement strategy report	24/03/2020
Scrutiny Call-in period and notification of implementation of Gateway 1 decision	02/04/2020
Completion of tender documentation	03/04/2020
Publication of OJEU Notice	06/04/2020
Publication of Opportunity on Contracts Finder	07/04/2020
Closing date for receipt of expressions of interest	07/05/2020
Completion of short-listing of applicants	26/05/2020
Invitation to tender	27/05/2020
Closing date for return of tenders	25/06/2020
Completion of any clarification meetings/presentations/evaluation interviews	10/07/2020
Completion of evaluation of tenders	16/07/2020
Forward Plan (if Strategic Procurement) Gateway 2	
CCRB Review Gateway 2	13/08/2020
DCRB Review Gateway 2	02/09/2020
Notification of forthcoming decision – despatch of Cabinet agenda papers	16/09/2020
Approval of Gateway 2: Contract Award Report	20/10/2020
End of scrutiny Call-in period and notification of implementation of Gateway 2 decision	29/10/2020
Debrief Notice and Standstill Period (if applicable)	10/11/2020
Contract award	11/11/2020
Add to Contract Register	12/11/2020
Place award notice in Official Journal of European (OJEU)	12/11/2020
Place award notice on Contracts Finder	12/11/2020

<b>Activity</b>	<b>Complete by:</b>
TUPE Consultation	12/11/2020
Contract start	01/02/2021
Initial contract completion date	31/01/2024
Contract completion date – (if extension(s) exercised)	31/01/2026

*Please note that the 2020/21 cabinet dates are yet to be finalised and could be subject to change*

### **TUPE/Pensions implications**

- 35. There would be TUPE implications identified for the current provider if they do not submit a bid for the new contract, or, are unsuccessful in the proposed tendering exercise. This will be because the re-ablement support workers will have TUPE rights to the new service provider- based upon their employment transferring. The identification of the current provider's workforce will need to take place and enclosed in the tender documentation.
- 36. There will be no TUPE implications for the council as there are no staff on Council terms and conditions employed by the current provider.

### **Development of the tender documentation**

- 37. The procurement manager will be responsible for overseeing the tender process, the Joint Commissioning Manager for Older People and Complex Needs will be responsible for leading on the service specification and evaluation process.

### **Advertising the contract**

- 38. The contracts will be advertised by way of an official notice published in the OJEU. The opportunity will also be advertised on the London Tenders Portal via ProContract and also, on Contracts Finder.

### **Evaluation**

- 39. The Standard Selection Questionnaire (SQ) will be evaluated by Council officers from across commissioning, operations and finance departments.
- 40. The full evaluation methodology for the Invitation to Tender (ITT) stage will be agreed in conjunction with finance, legal and procurement colleagues. However, we would anticipate: 55% quality, 30% price and 15% social value. This proposed balance reflects the necessary emphasis upon outcomes being achieved for individuals and in the improved management of on-going demand for social care and the necessary mitigation of demand pressures.
- 41. In consideration of the market and the outcomes required, we are intending to award the contract to a single provider.

### **Community impact statement**

- 42. Officers have been mindful of the need to have due regard to the Public Sector Equality Duty imposed by section 149 of the Equality Act 2010, which requires the council to eliminate discrimination, harassment, victimisation or other prohibited

conduct; advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it.

43. This also carries a duty to foster good relations between persons who share a relevant protected characteristic and those who do not share it. Age and Disability are “protected characteristics” under the Equality Act 2010 and the outcome of the proposed procurement strategy will particularly benefit older people and those living with very complex conditions.

### **Social Value considerations**

44. The Public Services (Social Value) Act 2012 requires that the council considers, before commencing a procurement process, how wider social, economic and environmental benefits that may improve the wellbeing of the local area can be secured. The details of how social value will be incorporated within the tender are set out in the following paragraphs.
45. The service will provide support to Southwark residents to enhance their independence and wellbeing.
46. The successful bidders will be expected to demonstrate social value in their response to the method statement questions that will require them to consider a range of measures that they can implement to foster social value including:
  - Opportunities of apprenticeships for care leavers
  - Providing residents with employment opportunities
  - Training placement opportunities
  - Prioritizing spending the Southwark pound in Southwark; using local suppliers of services and produce wherever economically possible.

### **Economic considerations**

47. It is expected majority of the provider staff will be Southwark residents, hence generating local employment opportunity. Being a specialist re-ablement service provision, it will provide a career progression path for care workers.

### **Social considerations**

48. Social Value contribution will require the provider to contribute to the local economy and sector employment opportunities by employing Southwark residents at all levels whenever possible and by paying the London Living Wage. The successful provider will offer apprenticeships and work trial opportunities as well as employment opportunities to people with learning disabilities.
49. The Southwark Ethical Care Charter (SECC), to which the council is committed within the Fairer Future Procurement Framework, establishes a minimum baseline for safety, quality and dignity of care by ensuring fair employment conditions for care and support staff (including sustainable pay, conditions and training levels).
50. The successful provider shall be required to demonstrate compliance with the Southwark Ethical Care Charter.

## **Environmental/Sustainability considerations**

51. As a minimum, the provider will be expected to have environmental policies in place that consider the employment of local people and compliance with the FFPF

## **Plans for the monitoring and management of the contract**

52. There will be robust contract management arrangements in place with the successful provider. A suite of key performance indicators detailed below will be agreed as part of the tender documents and this will be monitored in conjunction with operational colleagues, to ensure the outcomes for service users and financial benefits are achieved. These will include:
  - Achievement of individual outcomes (change and maintenance) set at point of admission
  - Improvement in functional ability
  - Individual, friends and family test: Independence and well-being have been improved
  - Reduction in need of care and support on discharge
  - Average length of stay in service
  - Percentage of people (65+) who are still at home after 91 days after discharge
  - Percentage of people who do not need ongoing long-term care
  - Performance reports in line with the Contract Standing Orders.

## **Financial implications**

53. The expected total cost per annum for the proposed option is £1.8m. This consists of £1.4m for the contracted provider and £0.4 m for the in-house team of Occupational Therapy Team (a mix of full and part time staff).. The available budget for the current service is £1.7m therefore, the further cost requirements of the service is £0.1m.
54. The contract value is calculated based on weekly contracted hours of 1400 at current cost per hour. This is the hourly rate the council pays to the current provider. There is sufficient budget in Adult social care to cover the estimated annual contract value.
55. The budget for this contract is partly funded from Better Care Fund and Improved Better Care Fund allocations. The recent spending review has confirmed the continuity of these funds for next financial year however medium and long-term stability of this fund is still uncertain
56. The gateway report sets out the creation of an Occupational Therapy Assistant (OTA) team to work alongside the outsourced provider. The OTA team is proposed to cost £0.4m per year. It will consist of 1 Senior Practitioner and 9 OTA's. There is currently £0.3m care packages budget allocated to spot re-abllement provision. It is proposed that this budget is utilised to part fund the team. The additional £0.1m allocation needed to fund the team will be found from either Adult Social Care general fund budget or from 2020-21 Better Care Fund inflationary increase.

## **Investment implications**

57. N/A

## **Legal implications**

58. Please see concurrent from the director of law and democracy.

## **Consultation**

59. Extensive consultation has been undertaken with operational colleagues and front-line teams to inform the development of this proposal.

## **SUPPLEMENTARY ADVICE FROM OTHER OFFICERS**

### **Strategic Director of Finance and Governance (63EN201920)**

60. The strategic director of finance and governance notes the contents of this report and in particular, the financial implications section. The contribution made by the Better Care Fund (BCF) to this activity reflects the shared benefits accruing to the council, CCG and health partners in their endeavours to improve outcomes for the residents of Southwark. Given the stated fragility of the market the importance of the service to its recipients, close contract management and contingency planning will be necessary to mitigate risk.

### **Head of Procurement**

61. This report seeks approval from Cabinet for the procurement strategy outlined to undertake an EU procurement for Community Reablement Provision for a period of three years plus 2 x 1-year extension for a cost of £1.4m per year with the total cost of £7m if both extensions are exercised.
62. This report seeks approval from Cabinet to create an in-house reablement team for an approximate cost of £100,000 pa.
63. The value of the services means that it is subject to the tendering requirements of the Public Contract Regulations 2015 (PCR15) and the council's Contract Standing Orders. This procurement route should maximise competition and ensure that the council achieves the best value for money.
64. Southwark Council's procurement officers will be advising on the tender documents to be used to ensure that all relevant statutory questions are included and due diligence to ensure the successful supplier is financially stable

### **Director of Law and Democracy**

65. This report seeks approval of the procurement strategy for a reablement service for a maximum period of five years, inclusive of annual extension options.
66. Due to the nature and estimated value of the services that the council requires the procurement of those services will be subject to the application of the European procurement regulations (Public Contracts Regulations 2015/"PCR") as well as relevant domestic legislation and the council's Contract Standing Orders ("CSOs").
67. The report details a proposal to procure a contract for these services by conducting a publicly advertised competitive tendering exercise, both in line with the restricted procedure prescribed by the PCR and with CSOs.

68. The decision to approve the recommended procurement strategy is one which is expressly reserved to the cabinet under the council Constitution. The community impact statement set out in paragraphs 42 and 43 of this report summarises the effect of the Public Sector Equality Duty contained in section 149 of the Equality Act 2010, and in making procurement decisions the council must consider and have due regard to any effects of the decision on the community at large and on people identified as possessing “protected characteristics”, as defined in the Act.

## BACKGROUND DOCUMENTS

Background Documents	Held At	Contact
None		

## APPENDICES

No.	Title
None	

## AUDIT TRAIL

<b>Cabinet Member</b>	Councillor Jasmine Ali, Children, Schools and Adult Care
<b>Lead Officer</b>	David Quirke-Thornton, Strategic Director for Children and Adult Services
<b>Report Author</b>	David Millen, Joint Commissioning Manager, Older People and Complex Needs
<b>Version</b>	Final
<b>Dated</b>	28 January 2020
<b>Key Decision?</b>	Yes

## CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER

Officer Title	Comments Sought	Comments included
Strategic Director of Finance and Governance	Yes	Yes
Head of Procurement	Yes	Yes
Director of Law and Democracy	Yes	Yes
Director of Exchequer (For Housing contracts only)	N/A	N/A
<b>Contract Review Boards</b>		
Departmental Contract Review Board	Yes	Yes
Corporate Contract Review Board	Yes	Yes
<b>Cabinet Member</b>	Yes	Yes
<b>Date final report sent to Constitutiona Team</b>	12 March 2020	