

## NOTICE OF MEETING

# CABINET MEMBER SIGNING

**Monday, 7th November, 2016, 10.00 am - Civic Centre, High Road, Wood Green, N22 8LE**

**Members:** Councillor Jason Arthur, Cabinet Member for Finance and Health

Quorum: 1

### 1. **FILMING AT MEETINGS**

Please note that this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on.

By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

The chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual or may lead to the breach of a legal obligation by the Council.

### 2. **URGENT BUSINESS**

The Cabinet Member will advise of any items they have decided to take as urgent business.

### 3. **DECLARATIONS OF INTEREST**

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and

(ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct

**4. AWARD OF CONTRACT TO ONE HOUSING GROUP FOR PROVISION OF A REABLEMENT SERVICE (PAGES 1 - 16)**

The report will seek Cabinet Member approval for a waiver of the requirement to tender under Contract Standing Order (CSO) 10.01.2 d (ii) and the award of a 12 month block contract, up to the value of £430,000, to One Housing Group to pilot a reablement service as part of their extra care sheltered scheme in Protheroe House.

**5. NEW ITEMS OF URGENT BUSINESS**

To consider any new items of urgent business admitted under item 2 above.

Philip Slawther  
Principal Committee Coordinator  
Tel – 020 8489 2957  
Fax – 020 8881 5218  
Email: [philip.slawther2@haringey.gov.uk](mailto:philip.slawther2@haringey.gov.uk)

Bernie Ryan  
Assistant Director – Corporate Governance and Monitoring Officer  
River Park House, 225 High Road, Wood Green, N22 8HQ

Friday, 28 October 2016

**Report for:** Cabinet Member Signing - Cabinet Member for Finance and Health

**Item number:** 4

**Title:** Award of contract to One Housing Group for provision of a reablement service

**Report authorised by :** Charlotte Pomery, Assistant Director Commissioning

**Lead Officer:** Sanjay Mackintosh, Head of Strategic Commissioning

**Ward(s) affected:** N/A

**Report for Key/  
Non Key Decision:** Non Key Decision

**1. Describe the issue under consideration**

- 1.1 As part of the development of intermediate care provision in Haringey the Council is working with One Housing Group (OHG) to establish a pilot reablement service as part of the new extra care sheltered scheme in Protheroe House.
- 1.2 A waiver of the requirement to tender is sought under Contract Standing Order (CSO) 10.01.2 d (ii) as it is in the Council's overall interest to grant the waiver and invest in this pilot as outlined below, and approval for the award of a 12 month block contract is also sought.

**2. Cabinet Member Introduction**

- 2.1 I fully support this proposal to build reablement capacity locally to help more people regain the skills and confidence they need to live independently after a period in hospital or of sickness. Improving our reablement provision is key to our efforts to try and achieve sustainable social care at a time when health and social care are facing unprecedented demand and budgetary pressures. Increased reablement provision - whether community or bed-based - will help more people to live independently for longer.
- 2.2 This pilot project will enable the Council to test and evaluate the effectiveness of the scheme whilst providing some flexibility to change capacity depending on demand.

**3. Recommendations**

- For the Cabinet Member for Finance and Health:
- 3.1 To approve a waiver of CSO 9.01 (requirement to follow an appropriate (tender) advertisement) in accordance with CSO 10.01.1(a) on the grounds set out in CSO 10.01.2 d (ii) as it is in the Council's overall interest to grant the waiver and invest in this pilot as outlined in 4.1-4.4; and

3.2 To approve the award of a 12 month block contract, up to the value of £430,000, to One Housing Group to pilot a reablement service as part of their extra care sheltered scheme in Protheroe House.

#### 4. Reasons for decision

4.1 The Council is in the process of developing its intermediate care provision jointly with the Clinical Commissioning Group (CCG). Evidence from the 2015 National Audit of Intermediate Care shows that intermediate care services are key to reducing the financial, quality and activity pressures being experienced in secondary care and the social care service sector. It has been estimated that the potential savings from the 10 reablement beds, compared to continuing with our existing step down care provision, is £28,480 in year 1 (part year) and £333,216 in year 2. Intermediate care services are also critical to improving outcomes for residents and enabling them to live independently for longer in their own homes, especially where they have had a period in hospital.

4.2 In line with the joint Intermediate Care Strategy, Haringey Council and OHG intend to work together to pilot a reablement service that will be part of the extra care scheme in Protheroe House. OHG run a similar model in Camden which has been highly effective and enabled people to return home to independent living following a period of intensive reablement support. This approach will enable the Council to test demand and the effectiveness of the service before going out to tender for a long term service.

4.3 As the reablement service will be part of the extra care scheme, it will enable the Council to review the number of beds, every 3 months, and adjust the number of beds required for the future based on need. In the event of over capacity, excess units will be converted into extra care sheltered units, which are paid for through personal budgets.

4.4 The Haringey and Islington Wellbeing Partnership have prioritised intermediate care as an area for working together across the two boroughs. This 12 month contract to support the pilot will enable us to finalise capacity requirements for bed-based intermediate care provision going forward before committing to a contract.

#### 5. Alternative options considered

5.1 Do nothing – this would mean that we would continue to provide step down on a spot purchase basis with providers who may not have an effective track record of delivering reablement. Current bed based provision is not cost effective and leads to higher than average permanent residential and nursing placements compared to other London boroughs.

5.2 Go out to tender – we do not have the necessary data required in order to be able to go out to tender and commit to a long term contract. The 12 month pilot with OHG will enable us to test the need and effectiveness of this model and to finalise our options for intermediate care.

#### 6. Background information

##### Reablement service

- 6.1 Bed based intermediate care is a model of reablement which enables people who have had a period in hospital to regain the skills and confidence needed for a return to independent living. By receiving a reablement service based in a self-contained flat, offering both personal and therapeutic care, people and their carers can test and maximise their ability to live in a similar setting when returning home.
- 6.2 Based on 10 reablement flats, the weekly charge per unit is £803.4, plus utilities which will be charged on a quarterly basis. The cost of the contract, for 10 units, over a 12 month period (52 weeks) is £417,768 plus utilities for which approximately £12,000 has been budgeted. The maximum contract value will be £430,000.
- 6.3 There will be a dedicated Care Coordinator for the reablement service and trained reablement staff who will provide cover 24/7 and an average of 20 hours of care per week per user. This will complement care provided by a dedicated multi-disciplinary team, comprised of a nurse, therapists and a Social Worker, which will support the service. In addition the service will have access to a dementia support officer, a housing and support officer.

Savings from Intermediate Care

- 6.4 Although Haringey’s population is relatively young, over the next 20 years, the population aged over 65 is predicted to increase by 71% and the population aged over 80 is predicted to nearly double. Over 65s currently account for 26% of all acute activity and the vast majority of people needing intermediate care, despite making up only 13% of the population<sup>1</sup>.
- 6.5 The Council spent £1.4 million on step-down provision in the financial year 2014/15 across all service user groups with contributions from the Better Care Fund of £625,000, Winter Resilience of £150,000 and the use of £50,000 of further funding to Local Authorities from Central Government. £1.1 million of this spend was on step-down placements predominantly for older people and people with physical disabilities being discharged from the acute sector and £0.3 million was spent on mental health step-down placements.
- 6.6 In the financial year 2014/5 social services records show that 153 people access stepdown funded from the Older People and People with Physical Disabilities budgets. On average during this time between 25 to 38 beds were being commissioned during this time at an average cost of £705 per week. The majority of placements commissioned are for residential care. The 153 placements can be broken down as follows:

Dementia Nursing	10
Dementia Residential	16
Care Home with Nursing	42
Residential Care Home	82

- 6.7 It has been estimated that the potential savings from the 10 reablement beds for the Council, compared to continuing with our existing step down care

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<sup>1</sup> Haringey Better Care Fund Plan – Part One

provision, is £28,480 in year 1 (part year) and £333,216 in year 2. This is based on the following assumptions:

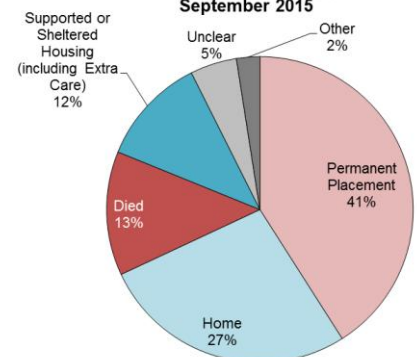
- Capacity of reablement beds is 90 people a year based on 10 beds with an average length of stay of 42 days.
- Currently 53% of step down (without rehab) results in permanent placement. An assumption is that 60% of people accessing bed based intermediate care return home. Assuming the rest are placed permanently 52 clients per year in step up beds, this will result in 21 permanent admissions to residential/nursing homes compared to 28 under current step down arrangements (without rehab).
- Residential care costs average £629 per week and average alternative provision at home would be 21 hours of home care per week (£13 per hour). Therefore assume that home care alternative is on average £356 per week cheaper than residential care
- That average duration of reduced need is 78 weeks (18 months) following reablement.
- Initially a higher proportion of reablement beds will be used to support discharge than admission avoidance.

Review of Haringey’s existing intermediate care provision

6.8 Evidence from the 2015 National Audit of Intermediate Care shows that intermediate care services are key to reducing the financial, quality and activity pressures being experienced in secondary care and the social care service sector. In particular, evidence from the Audit indicates these services improve the independence of frail, older people and that a high proportion of service users maintain or improve their dependency score across home-based (92%), bed-based (93%) and reablement (92%) services. The growing over 65 population and the projected increase in those over 65 with one or more long term conditions underlines the case for strengthening intermediate care.

6.9 The outcome measure scores for National Audit for Intermediate Care 2015 suggest more than 70% of people return home after intermediate care compared with 39% returning to community living in Haringey from current step down provision.

Outcome from Step Down in Haringey October 2014 - September 2015

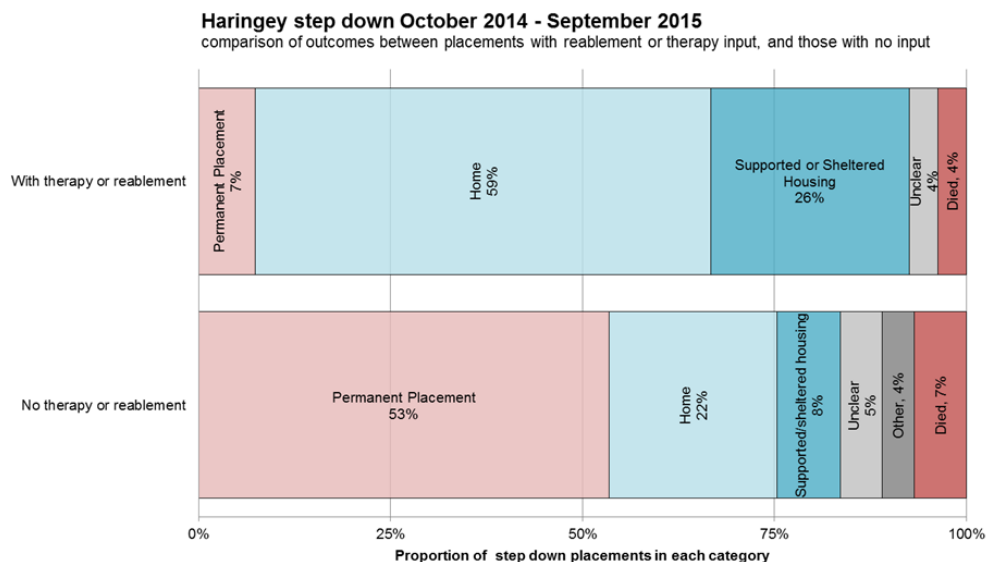


6.10 Current bed based provision is not cost effective and leads to higher than average permanent residential and nursing placements compared to other London boroughs.

6.11 A report commissioned by DASS showed that Haringey commissions the 3<sup>rd</sup> highest care home placements out of the 32 London boroughs. Placements are 50% higher than the London average. The number of older adult residential placements per head of the population is the 2<sup>nd</sup> highest of the London boroughs and is 81% above the London average. Residential placements (without nursing) are the main driver of the comparatively high use of care

homes indicating that with effective bed based intermediate care the number of placements could be reduced.

- 6.12 There is a lack of multidisciplinary support. While users of step down beds have medical care from a GP, the support from other professionals remains variable. Less than a quarter of people who were admitted to step down/up provision between October 2014 and September 2015 had access to reablement or therapy input. In the 22% of cases where therapy or reablement was provided as part of stepdown provision people were far more likely to return either home or to more appropriate accommodation in the community.



- 6.13 In March 2016, the Council, CCG and local providers (including clinicians, service managers and representatives from the voluntary sector) got together to design a new pathway for intermediate care in the London Borough of Haringey. The group recommended that a MDT was created to support the provision of bed based intermediate care, providing step down care and avoiding hospital admissions.

- 6.14 It is anticipated that there will be savings to the health economy with more effective discharges being facilitated earlier with reduced length of stays and a reduction in unavoidable admissions or readmissions.

- 6.15 It is anticipated that there will be savings to Adult Social Care by less reliance on statutory services following an intensive period of reablement in a 24 hour setting supported by a multidisciplinary team approach.

- 6.16 Specific outcomes are
- Increase in the proportion of older people still at home 91 days after discharge
  - More people will be supported to avoid going into hospital unnecessarily
  - More people will be supported to remain as independent as possible after a stay in hospital
  - Better health and social care outcomes for service users
  - Approximately 90 people per year will have access to good quality bed based reablement with access to community therapies.

- More people will be prevented from moving into residential care or nursing care homes unnecessarily with a reduction in permanent admissions to nursing and residential.
- 70% of those people accessing a new bed based reablement service will continue to live in their communities.
- Reduction in dependence on statutory social care services
- Facilitating earlier discharge and avoiding repetitive hospital admissions

## 7. Contribution to strategic outcomes

7.1 The Corporate Plan, Building a Stronger Haringey Together, sets out the vision and priorities for the Council over three years 2015-18. The development of Haringey's Intermediate Care provision contributes to *Priority 2: Empower all adults to live healthy, long and fulfilling lives*. In particular:

7.2 *Objective 2: Strong communities, where all residents are healthier and live independent, fulfilling lives*

Increased reablement provision will enable more people to regain the skills and confidence they require to live independently in the community.

7.3 *Objective 3: Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing*

Improved intermediate care would deliver the following outcomes for residents:

- More people are supported to avoid going into hospital unnecessarily
- More people are supported to remain as independent as possible after a stay in hospital
- More people are prevented from moving into residential care unnecessarily.

7.4 This work is also aligned to the Better Care Fund plan, whose aim is for people in Haringey to be healthier and have a higher quality of life for longer. It aims to give people more control over the health and social care they receive, for it to be centred on their needs, support their independence and be provided locally wherever possible.

## 8. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

### Finance

8.1 As part of the Haringey's intermediate care strategy the report is seeking approval for a block contract with One Housing Group of £430k to pilot a reablement service as part of their extra care scheme at Prothero House. In conjunction with this proposed contract, the Council is also investing in a multi disciplinary team and funding a some spot nursing stepdown beds during the winter months. Much of the strategy is being funded through the BCF (stepdown allocation of £625k) and Care Act funding (£50k) with some non-recurrent funding for winter resilience.

8.2 It is projected that the proposed intermediate care strategy will realise savings (when compared to existing stepdown expenditure) estimated at £28k for the remainder of this financial year and £333k in 2017/18.

## Procurement

8.3 The reablement pilot scheme will provide best value for the Council and realise significant savings, whilst avoiding costly residential/nursing care provision or hospital readmission. Importantly, it will enable people to live more independent lives and regain lost skills. It is, therefore, in the Council's overall interest as outlined above (CSO 10.01.2 d ii)

8.4 Service should, however, ensure the scheme is closely monitored to enable optimum use and efficiency benefits.

### Legal

8.5 The Assistant Director of Corporate Governance notes the contents of the report.

8.6 Due to the value of the contract which this report relates to the waiver of CSO 9.01 may only be approved by Cabinet or a Cabinet Member.

8.7 The Assistant Director of Corporate Governance confirms there are no legal reasons preventing the Cabinet Member for Finance and Health from approving the recommendations in the report.

### Equality

8.8 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:

- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
- advance equality of opportunity between people who share those protected characteristics and people who do not;
- foster good relations between people who share those characteristics and people who do not

8.9 An equality impact assessment (see accompanying attachment) has been carried out by Haringey Clinical Commissioning Group to inform the development of Haringey's Bed Based Intermediate Care Service, which the reablement pilot at Protheroe House will be one part of.

8.10 The user groups most likely to use bed-based intermediate care are older people aged 65+ and people with physical and sensory disabilities. Intermediate care pathways aims to benefit the wellbeing of eligible groups of service user through:

- Facilitating earlier discharge and avoiding preventable hospital admissions
- Improving health and social care outcomes
- Preventing people from moving into residential care or nursing care homes unnecessarily

8.11 The pilot reablement service at Protheroe House will be offered to people on the basis of their suitability for treatment and needs. There will be no

discrimination or restrictions on the basis of disability, religion, ethnicity, sex, gender reassignment, marital status or sexuality. There is however an age restriction of 55+, which is the target service user group for Prothro House accomodation.

8.12 One Housing Group, as a contracted provider to the local authority, will be expected to comply with the Equality Act 2010 in their employment practices and service conduct. They will be expected to demonstrate a strong commitment to making Haringey a fairer and more equal borough for all. Equalities considerations will form part of performance monitoring and oversight.

### 9. Use of Appendices

N/A

### 10. Local Government (Access to Information) Act 1985

N/A

# **EQUALITY ANALYSIS**

## **(Equality Impact Assessment)**

**Name of policy/function**

Bed Based Intermediate Care (Step up & Step down beds)

**Is this a new or existing policy/function?**

[Please check appropriate box]

New

Existing

**Please give a brief description of policy/function**

The aim of Haringey's BBIC service is to function as part of a wider system of intermediate care that improves outcomes for Haringey's population when leaving hospital or following a crisis at home, ensuring that re-ablement/rehabilitation takes place in the most appropriate setting. The BBIC service will offer people an alternative setting when it is not possible for an individual to recover safely at home.

The Council and CCG are proposing to develop two bed-based intermediate care facilities: one focussed on people whose needs are primarily social care-related; the other for patients with full-time nursing needs.

This project will improve and expand the existing bed-based intermediate care provision to make it more cost effective, as well as delivering more consistent and productive outcomes for more patients. It will help patients to remain independent for longer.

The user groups mostly likely to use bed-based intermediate care are older people aged 65+ and people with physical disabilities.

**Scope of the Equality Analysis**

The Equality Analysis looks at the impact of improving access to reablement and rehabilitation services to people in 'step-up/step-down' beds to the Haringey population.

**Consultation, engagement and contribution/outcomes**

[Please list who you have consulted with on this EA and what contribution they have made, if any. If the policy/function is customer facing then please mention which protected group from the potential beneficiary groups has been involved]



## Impact assessment and actions

Protected Group	Relevance YES/NO	Evidence of impact	Nature of potential impact (positive/negative /unknown)	Recommendations/mitigating actions
Age	Yes (Over 65's)	<p>This service helps prevent older people with frailty remain independent for longer. It is important that this cohort of clients remain out of hospital because, when they are admitted, they stay longer than they need to which increases their risk of infection. Also, doctors will only treat the condition for which they have been admitted. This service treats them holistically.</p> <ul style="list-style-type: none"> <li>• Facilitate earlier discharge and avoid preventable hospital admissions</li> <li>• Improve health and social care outcomes for service users</li> <li>• Prevent people from moving into residential care or nursing care homes unnecessarily with a reduction in permanent admissions to nursing and residential</li> </ul> <p>Some of the bed-based intermediate care facilities</p>	Overall Positive	

Protected Group	Relevance YES/NO	Evidence of impact	Nature of potential impact (positive/negative /unknown)	Recommendations/mitigating actions
		<p>have different age criteria restrictions for service users.</p> <p>Protheroe House – patients 55+ (only)</p> <p>Nursing Beds – patients 65+ (only)</p> <p>This will in turn prevent certain service users accessing the facility due to excluding on the base of age</p>		
Disability (including mental health and learning disability)	Yes	Service users typically have mobility and/or sensory impairments. This project will increase the capacity of the service and improve the user experience	Positive	
Race/ethnicity	No	Eligibility for the service is offered to people solely on the basis of their suitability for treatment; race and ethnicity is not taken into account when selecting clients	n/a	n/a
Sex/gender	No	There is no restriction by gender across the service as a whole. The service is open to anyone provided they meet Care Act eligibility criteria and that the service can meet their assessed needs	n/a	n/a
Gender reassignment	No	Gender reassignment information is not collected by the Adult Social Care Information System. This information could be collected at the consultation stage – as long as individuals are willing to share it. It is not expected that any future services will provide any more or less access to services on the	n/a	n/a

Protected Group	Relevance YES/NO	Evidence of impact	Nature of potential impact (positive/negative /unknown)	Recommendations/mitigating actions
		basis of people's gender reassignment		
Sexual orientation	No	Eligibility for the service is offered to people solely on the basis of their suitability for treatment; A persons sexual orientation are not taken into account when selecting clients	n/a	n/a
Religion/belief	No	Eligibility for the service is offered to people solely on the basis of their suitability for treatment; religion or belief are not taken into account when selecting clients	n/a	n/a
Maternity/pregnancy	No	No specific impact	n/a	n/a
Civil partnership /marriage	No	No specific impact	n/a	n/a
Human Rights	No	No specific impact	n/a	n/a

Protected Group	Relevance YES/NO	Evidence of impact	Nature of potential impact (positive/negative /unknown)	Recommendations/mitigating actions
Socio-economic group	Yes	The location of the bed based facilities could have an affect on families and friends who may find it difficult to travel to visit if they are based further out from Haringey.	Unknown	
Social inclusion	Yes	The service could potentially identify patients who are socially isolated and connect them to Voluntary and Community Sector services	Unknown	
Community cohesion	No	No specific impact	n/a	n/a

**Final outcomes:**

[Please check appropriate box]

- A. Continue with the policy/proposal as it is
- B. Continue with the policy with adjustment or further analysis
- C. Stop/remove the policy/proposal
- D. Carry out a further analysis of new data

**Signature of the SRO/Director:**

**Date:**

**Date of Next Review:**

[Statutory requirement at least 3 years unless there is any change in existing policy/function]

**Further information:**

Please read the CSU guidance on 'how to complete an equality analysis' when completing an equality analysis.

*Please forward a copy of this EA report to the Equality and Diversity Team at the CSU at [equality@nelcsu.nhs.uk](mailto:equality@nelcsu.nhs.uk)*