

MINUTES OF CABINET MEMBER SIGNING MEETING HELD ON THURSDAY, 10TH MARCH, 2022, 2.00 - 2.20 PM

PRESENT: Councillor Lucia das Neves, Cabinet Member for Health, Social Care, and Well-Being.

In attendance: Anita Marsden, Head of Integrated Care; Rebecca Cribb, Commissioning Officer; Jeni Plummer, Assistant Director for Adults; Charlotte Pomery, Assistant Director for Commissioning; and Fiona Rae, Acting Committees Manager.

167. APOLOGIES FOR ABSENCE

There were no apologies for absence.

168. DECLARATIONS OF INTEREST

There were no declarations of interest.

169. INCREASE THE VALUE OF THE COMMUNITY EQUIPMENT CONTRACT WITH MEDEQUIP ASSISTIVE TECHNOLOGY LTD

The Cabinet Member for Health, Social Care, and Well-Being considered the report which noted that Community Equipment supported vulnerable people to remain independent for longer improving their outcomes and reducing the need for more formal and costly care.

It was noted that, to enable the best value for money in purchasing community equipment, mainly due to economies of scale, Haringey joined the London Consortium for the provision of Community Equipment. Haringey jointly tendered and awarded the contract to Medequip Assistive Technology Ltd ('Medequip') through a framework contract ("the Framework"). At present the Consortium consisted of 21 London Boroughs out of 33. The only borough delivering in house equipment store was Enfield.

The 4-year Framework with Medequip was agreed at Cabinet in February 2017 (taking the contract to 2021) with the option to extend for 1+1 years (to March 2023). Both extension periods had been agreed by the consortium.

Since then, additional services had benefitted from access to this contract, increasing the volume of equipment being supplied and therefore the associated value of the contract. The additional services include Special Educational Needs & Disabilities (SEND), the Paediatric Therapy Team at Whittington Health and the Community Alarm Team (CAS) which all procured their community equipment stock through this contract. In addition, there had been increased demand for community equipment from the contract during the pandemic.

This increased activity would result in there being insufficient budget reflected in the contract for the financial year 2022-23 and there was a need to increase the total contract value by £1.1 million, from £10.8 million to £11.9 million.

The Cabinet Member RESOLVED

To approve the increase in the value of the Framework with Medequip by £1.1 million for the remainder of the contract term to March 31 2023, in accordance with Contract Standing Order 10.02.1(b).

Reasons for decision

Cabinet originally approved the award of the Framework in March 2017 for the initial period of 4 years with an option to extend for 2 years at a total value of some £7.2 million. In February 2020 Cabinet approved a contract extension to March 2023, and variation to increase the contract value to £10.8 million.

Since the contract extension in February 2020, the Covid pandemic has affected all areas of life, leading to unprecedented demand for use of the community equipment service which has continued to meet the challenge. The increased demand and other factors set out below resulted in 20% higher spending through the contract by the 5 services in 2020-21, up from £1.77 million to just under £2.2 million. As an example, average monthly spending through the contract increased to £177,000 in 2020/21 and has increased again to £193,000 in the first 6 months of 2021-22.

The other factors leading to increased costs include:

An increase in community equipment prices. From April 1st 2021, 520 Medequip stock items had a price increase whilst 420 remained the same. The net effect was a 2.7% price increase. The price rises were driven by large increases in raw material costs due to shortages in foam and steel.

Increased costs due to contributions to the Personal Protective Equipment (PPE) costs of Medequip technicians during the pandemic by all consortium members. This was charged at 0.82p per activity (a visit to a residents home).

The implementation of a block payment scheme, agreed across London Association of Directors of Adult Social Services in late March 2020, to assist Medequip with a potential shortfall during the pandemic in three areas, activity fees, labour repair costs, recycling fees.

1.7% increase in activity fees by Medequip from April 2021.

Increased freight/ shipping container cost charges that are forecast to continue until early 2022, some of which will potentially be passed onto boroughs, with amounts still to be determined. Average price per container increased from £2000 per container to £18,000.

Procurement costs for the new consortium tender, projected to be circa £35k per borough.

Of the £2.2 million spent in 2020-21, £855,000 (40%) was attributable to Adult Social Care spend and the remainder was recharged as follows:

- Haringey Clinical Commissioning Group (CCG): £1,117,000 (53%)
- Community Alarm Services: £37,000 (1.75%)
- Special Educational Needs & Disabilities: £76,000 (3.6%)
- Whittington Paediatric Therapies: £38,000 (1.8%)

The CCG figure of £1,117,000 represents an increase in spending of 22% from the previous financial year. Covid caused an unprecedented demand for beds and high risk pressure mattresses, which along with other equipment helped to facilitate fast hospital discharges.

Given the above figures it is expected that of the £1.1m contract variation request, £660,000 (60%) would be recharged to other services.

Alternative options considered

The London Consortium will be going out to tender for a new contract to start in April 2023. The process for re-tendering commenced in April 2021 and has involved extensive engagement and workshops with local boroughs and driven by the Consortium Management Board. Locally we have been involved from a Procurement and operational perspective. Given we are approaching the final year of a 6-year contract other options are limited at this stage.

170. CONTRACT FOR NURSING INTERMEDIATE CARE BEDS

The Cabinet Member for Health, Social Care, and Well-Being considered the report which sought seek authorisation for a direct contract award under Contract Standing Order 16.02 in line with CSO 9.01.2 (g), negotiation without publication of an advertisement, to Magicare Ltd T/A Priscilla Wakefield House for the provision of 8 Intermediate Care Nursing beds.

The report also detailed the Council's requirement for Nursing Intermediate Care provision and demonstrated that these specialist nursing beds were an essential element of Haringey's intermediate care pathway, which is made up of a range of integrated care services that aim to support residents at risk of an unnecessary hospital admission and to support patients to increase their independence following hospital admission.

The Cabinet Member enquired whether alternative providers had been considered. The Commissioning Officer noted that this had been considered but highlighted that Priscilla Wakefield House, run by Magicare Ltd, was currently the only Care Quality Commission (CQC) registered nursing care home in the borough and that in-borough delivery of the service was key for the patients and their families. It was added that the beds were supported by a dedicated Multi-Disciplinary Team (MDT) which also operated from Priscilla Wakefield House. It was noted that, if there were to be a

tender, this would be open to bids from out of borough and it was considered that, given the key role of the MDT, this would impact on the viability of the bids.

In relation to queries about staffing pay and conditions, the Commissioning Officer noted that Priscilla Wakefield House currently offered the National Living Wage and officers were working with the provider to move towards the London Living Wage. It was noted that it was aimed to phase this process in order to ensure that it was sustainable. It was added that there was currently an increased degree of uncertainty, including fuel costs, and so the phased approach was considered the most appropriate and deliverable option.

The Cabinet Member RESOLVED

1. Pursuant to CSOs 9.07.1(d and e) and 16.02, to approve the award of contract to Magicare Ltd for the provision of eight (8) Nursing Intermediate Care Service beds for a period of three (3) years, from 1 April 2022 to 31 March 2025 with the option to extend for up to two (2) years, up to a maximum contract value of £2,288,000.
2. To give delegated authority to the Director of Adults and Health to agree the final sum for the service within the upper limit referred to above.

Reasons for decision

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 sector.

There is a very limited market for nursing beds in the local area. Priscilla Wakefield House (PWH), run by Magicare Ltd, is currently the only Care Quality Commission (CQC) registered nursing care home in the borough with a bed base of 117 Nursing beds.

The award of this contract will enhance Haringey's intermediate care pathway by continuing to work with a local provider to deliver a co-ordinated intermediate care nursing bed service in Haringey allowing Haringey residents to remain close to home whilst recovering.

The Joint intermediate care pathway was established in 2016 and is a partnership approach between health and social care to managing hospital discharges for patients requiring short term health and care interventions. The proposed Nursing Intermediate Care Beds will be funded through the Clinical Commissioning Group (CCG) Minimum Allocation for the Better Care Fund (BCF) which will be recharged to the Local Authority by the Clinical Commissioning Group and shall not have a financial implication to the Local Authority.

The Nursing Intermediate Care Beds will provide an alternative nursing care offer for those with ongoing health needs following a hospital discharge. These beds will support patients with high intensity and/or more specialised nursing needs who may require a spell of 'active nursing convalescence' as part of the joint intermediate care pathway to prevent patients needing to go to, or to facilitate their return home from

hospital. This time-limited response forms part of the wider intermediate care and community nursing solutions available for Haringey patients.

Traditionally these patients would have been provided care by health partners through spot purchased health step down. It is recognised that patients placed in these provisions frequently deconditioned due to a lack of timely therapeutic input and following period of convalescence had higher than anticipated needs requiring Long Term Care placements funded predominantly by adult social care. It is believed that incorporating these beds into the joint Health and Social Care intermediate care pathway will streamline connections between Intermediate Care Services and Continuing Health Care (CHC) assessments through closer collaboration between the Single Point of Access (SPA), CHC team and Reablement services and will better accommodate and manage this patient group improving patient outcomes and the effectiveness of care.

It is anticipated that the provision of these beds will improve outcomes for patients as a result of the convalesced individuals receiving co-ordinated care from the Nursing Home, Care Homes Assessment Team (CHAT)¹ and Multi-Disciplinary Team (MDT)² who are already providing intermediate care services within Priscilla Wakefield House. This will enable patients to 'step down' to less intensive solutions following their intervention which will be beneficial to health and social care Long Term Care budgets and will reduce the risk of subsequent hospital readmissions.

Purchase of these eight beds will support Haringey's intermediate care pathway by mitigating the significant risk that beds will otherwise not be available when needed. This will result in delayed transfers of care for Haringey patients and increased risk that patients will be placed in out of borough spot purchase arrangements with no access to multi-disciplinary input to support the patients recovery which potentially lead to irreversible deconditioning increasing probability of requirement for long term nursing placement. The CCG has recently reinforced its commitment to these Integrated Care Beds by agreeing to increase its funding of the contract from six beds to eight beds.

Should need or demand for these beds change during the course of this contract, the Council will retain the right to use the beds flexibly, including for general nursing, but with the prior notification to the provider.

The Nursing Intermediate care beds are part of Haringey's wider intermediate care provision. As noted, the beds are supported by a dedicated community health multidisciplinary team (MDT). The MDT is critical for ensuring efficient bed flow and therapy input to achieve better outcomes for individuals and reduce long term care costs.

Haringey's MDT Service is comprised of a part time GP, Social Worker, Physiotherapist, Occupational Therapist, Rehab Technician and Pharmacist all working holistically with the service user to maximise their independence. The MDT service is funded through the Boroughs Better Care Fund and covers other intermediate care services within the borough, providing continuity of care for patients transferring between establishments. The Team are also able to access additional support from other community health providers such as District Nursing and Rapid

Response within borough. However, it should be noted that the funding and contracting of the MDT is under a separate element of the Section 75 Agreement between the Council and the CCG, and are not included in the contract under discussion in this paper. If as an alternative, we utilised a nursing home outside of the borough for these intermediate care beds, this would result in no MDT input. In-borough delivery of this service and MDT is in the patients' and families, and Council's overall interest.

Alternative options considered

Do nothing – this would result in Haringey CCG being solely reliant on spot purchasing for the provision of these beds. Due to the limited availability of nursing bed provision within the borough this would likely lead to out of borough provision, delays to discharge and the loss of the benefits of rehabilitative input from the MDT and CHAT.

Go out to tender – The Council and CCG could have undertaken a competitive tender process in line with Contract Standing Orders. However, as Priscilla Wakefield House is the only nursing home in the borough it would have been necessary to obtain bids from nursing homes outside the borough. Due to the multi-disciplinary support already in place at PWH out of borough provision would result in the loss of the benefits of rehabilitative input from the MDT and CHAT and diminish the effectiveness and value of the service.

Across the North Central London footprint there is limited provision of nursing care. Currently there are approximately 2500 nursing home beds within the five partner boroughs. It is Haringey's policy to place residents only in homes which are rated 'Good' and 'Outstanding' by CQC and 28% of beds within the North Central London footprint are in establishments rated 'requires improvement' which further limits the number of available supply.

171. VARIATION AND EXTENSION OF HOUSING RELATED SUPPORT CONTRACT - REACH & CONNECT SERVICE

The Cabinet Member for Health, Social Care, and Well-Being considered the report which sought Cabinet approval to implement Contract Standing Order 10.02.1b, to vary and extend the contract for the Community Navigator Service for Older people in Haringey (Reach & Connect) with Public Voice for a period of 2 years.

The Cabinet Member noted the importance of ensuring that various services, such as the Reach & Connect and Information & Advice Service, were connected and were providing the best possible results for residents. She added that this included the information that was provided to residents, both directly and on the Council's website. The Assistant Director for Commissioning acknowledged the points made and noted that links between services and capacity building opportunities were being considered. It was explained that there was a request to extend the Reach & Connect Service whilst a more comprehensive review on community navigators was being undertaken.

The Cabinet Member RESOLVED

1. To approve the variation and extension of contract for the Community Navigator Service for Older People in Haringey (Reach & Connect), held by Public Voice, as allowed under Contract Standing Order 10.02.1b as follows:
 - Year 4 (1 May 2022 to 30 April 2023) – £391,670
 - Year 5 (1 May 2023 to 30 April 2024) - £401,670
 - Which is a total extension value of £793,340
2. The aggregated value of the contract period from 1 May 2019 to 30 April 2024 is £2,041,440.
3. Funding for this extension will be from the Council's Housing Related Support general fund budget, in Adults and Health.
4. The contract was re-negotiated with Public Voice for the duration of the variation and extension period as shown in 6.13 of the report.

Reasons for decision

The service enables older people in the borough to continue living independently in their own homes and prevent escalation in care needs and hospital admissions.

Performance has been evaluated as good throughout the contract period. Performance returns are completed and submitted on time and targets are met. There is a demonstrable need for this service in Haringey and the services are evidently delivering positive outcomes for older residents. Therefore, it is in residents and the Council's overall interest to continue to provide these much-needed older people services in Haringey.

Alternative options considered

Do nothing: It would be possible to leave the contract to cease at the end of this contract period, however there is continued high demand for this service, and it continues to achieve positive outcomes for vulnerable people. Therefore, it would not be in the council's interest to end this contract at this time.

In-house provision was considered and was found not to be suitable for delivery of this service, as there is not currently the expertise within the Council to provide this service.

Consideration was given to the completion of a procurement exercise via an open tender process. However, this option was discounted because the Council was able to enter into negotiations with the current provider and use the option to extend the contract which was agreed by Cabinet in March 2019.

CABINET MEMBER: Cllr Lucia das Neves

Signed by Cabinet Member

Date ...17 March 2022.....