

Report of: Consultant in Public Health /Chief Officer Adults and Health

Report to: Cath Roff – Director of Adults and Health

Date: 24th January 2017

Subject: Request to waive contracts procedure rules 9.1 and 9.2 to commission Leeds Community Healthcare Trust (LCH) to deliver enhancements to the Falls Services/Pathway through iBCF funding.

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. The impact and cost of falls in older people in Leeds have been identified as a priority area for investigation and intervention and forms part of the Self-Management and Proactive care element of the Leeds Health and Care Plan, and part of the system integration work programme on supporting people living with frailty.
2. Injuries caused by falls can lead to loss in confidence, mobility and independence, causing many older people to leave their own homes and move into a care home. In 2013, 31,668 people in Leeds aged 65 and above were predicted to have fallen. This is 1 in 4 (27%) of the population aged over 65. This is projected to rise to 35,042 by 2020.
3. Work has previously been commissioned by the Better Care Fund (BCF) and then subsequently by the Clinical Commissioning Groups (CCG's) from Leeds Community Health (LCH) to deliver additional falls prevention interventions over and above their contract which came to an end in March 2017.
4. Funding has now been approved for the continuation of the service to provide further interventions and service enhancements through the Improved Better Care Fund (iBCF) (Spring Budget) joint commissioning pot of funding following a business case presented by LCH in August 2017 to the Integrated Commissioning Executive Group

(ICE). Payments will be made following receipt of quarterly returns demonstrating progress.

5. The elements within the contract have to be delivered within the existing falls pathway for the city. These cannot be separated out as this would impact on the effectiveness and efficiency of the interventions and ultimately outcomes for patients. There is no other provider within the city who could offer the full model of delivery required within the contract.

6. Therefore there is a requirement to waiver contract procedure rules 9.1 and 9.2 in favour of contracting LCH to deliver the services until the end of the funding period on 31st March 2020 at a total contract value of £358,980 and no competitive process triggered.

Recommendations

1. It is recommended that the Director of Adults and Health –
 - (i) Waives Contracts Procedure Rules 9.1 and 9.2 to award a new contract LCH without seeking competition in the sum of £358,980 to provide additional staffing to enhance the existing falls service and develop safety huddles within the Neighbourhood teams and community based group exercise programmes between November 2017 and 31 March 2020, with an option to extend the funding for a further 2 years (from 1 April 2020) subject to positive outcomes and delivery.

1. Purpose of this report

1.1 The purpose of this report is to seek approval to waive contract procedure rules 9.1 and 9.2 to enter into a contract with Leeds Community Health Care Trust (LCH) to deliver falls service enhancements and community falls prevention exercise programmes. The report gives details of the reasons why a waiver of Contracts Procedure Rules has been requested.

2. Background information

2.1. Injuries caused by falls can lead to loss in confidence, mobility and independence, causing many older people to leave their own homes and move into a care home. In 2013, 31,668 people in Leeds aged 65 and above were predicted to have fallen. This is 1 in 4 (27%) of the population aged over 65. This is projected to rise to 35,042 by 2020.

2.2. Funding to develop and deliver a pilot, structured programme of falls prevention interventions was provided in 2014/15 through the Better Care Fund (BCF), and the funding was continued following the changes in BCF priorities in 2016/17 by two of the three Leeds CCG's. The programme provides a tiered approach to support those both at risk of falls and those who require further support following a fall (beyond the one to one intensive therapist interventions).

2.3. Through the delivery of the programmes significant gains were seen in patient reported outcomes and reductions in falls, in addition to a decrease in waiting times for the LCH Community Falls Service. Since the funding ended in March 2017 waiting times have increased again.

2.4. A bid was submitted by LCH for additional funding through the iBCF (Spring Budget) by the CCG's in August 2017 to provide additional falls prevention activity. The bid was to provide enhancements to the falls service through the recruitment of additional staff as well as to deliver further community based group exercise programmes. £358,980 was approved and allocated for provision until March 2020, with the recommendation that this be contract managed through Public Health Older Peoples Team. The bid was subsequently peer assessed by the iBCF panel in November 2017 and agreed to go forward as part of the integrated pathway for falls prevention. Payments will be made following receipt of quarterly returns demonstrating progress.

3. Main issues

Reason for Contracts Procedure Rules Waiver

3.1 LCH provide primary care services in the community commissioned through the Leeds CCG's. In relation to falls and falls prevention, this includes the provision of community physiotherapy and occupational therapy as well as a specialist falls service for the more complex falls patients. This service is fully integrated into the Leeds Healthcare system and currently provides a service across the whole of Leeds.

- 3.2 The elements within the contract have to be delivered within the existing falls pathway for the city. The elements within it cannot be separated out as this would impact on the effectiveness and efficiency of the interventions and ultimately outcomes for patients. There is no other provider within the city who could offer the full model of delivery required within the contract. This is why the contract waiver is requested with no competitive process triggered. LCH also have the connections to the existing IT infrastructures within the Leeds health and social care system.
- 3.3 In addition all GP and health staff within the Leeds health care system are aware of the falls service and referral pathway. To commission this service with another provider at this point in time would require a new pathway to be developed and new secure referral mechanisms established. This would cost additional money.
- 3.4 By LCH delivering this service an economy of scale is being delivered, which is not achievable if an external provider was brought in. The service is already established and the contract is to provide additional staffing to enhance the service. Existing services such as the Integrated Neighbourhood Team's will be enhanced by this.
- 3.5 This project directly contributes to meeting the draft outcomes for the Frailty population segmentation; the Self-Management and proactive care element of the Leeds Plan; Urgent Care/Winter Planning work as well as contributing to the outcomes in the A&E (Urgent Care), through admission avoidance for fallers.

Consequences if the proposed action is not approved

- 3.6 The falls pathway work directly contributes to the Leeds Plan and if a competitive tendering process is to be entered into this will impact on the targets within the Urgent Care admission avoidance scheme set by NHS England.
- 3.7 Due to the economies of scale highlighted above there are no other providers who could provide the whole of the service within the funding envelope allocated. As such to bring in an external provider would incur greater costs for the Health and Social Care system.
- 3.8 Any delays created by a procurement exercise would also delay the mobilisation of the scheme and impact on national targets set out by Public Health England (Reduction in hospital admissions for falls) and NHS England (Reduction in avoidable admissions and hip fractures).

4. Corporate Considerations

4.1 Consultation and Engagement

There has been consultation and engagement with key stakeholders:

- All accountable officers for the CCG's have been informed and are in agreement with this additional model of delivery
- All Clinical Directors for the CCG's have been informed and are in agreement with the need for additional capacity to support people living with frailty and respond to fallers
- The falls prevention programme has been considered by the Director of Adults and Health and the Director of Public Health who are in agreement for the need for additional preventative work for frail elderly clients at high risk of falls due to the pressure on the health and social care system.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 The falls service aims to increase the capacity to support frail elderly patients and prevent further falls and hospital admissions and offer appropriate lifestyle interventions and treatment to reduce their overall risk with a focus on reducing health inequalities.
- 4.2.2 Quarterly outcome data will be collected to ensure we are taking into account the needs of different people including age, race, gender, social class etc. By delivering the community based exercise programmes accessible activities will be increased to support addressing inequalities.
- 4.2.3 Demographic information will be collected by the commissioner to allow the equality of the targeted interventions to be monitored

4.3 Council Policies and City Priorities

- 4.3.1 The project supports the vision of the Leeds Health and Wellbeing Strategy 2016-2021 working with people who are the poorest to improve their health the fastest, particularly contributing to outcome 1 - People will live longer and have healthier lives. The priorities being – An age Friendly city where people age well; getting people more physically active; a stronger focus on prevention; supporting self-care; and the best care in the right place and the right time .
- 4.3.2 Also, the project supports the Authorities ambition to 'Make Leeds the Best City to Grow Old In' through supporting people to live independently for longer in their place of choice.

4.4 Resources and Value for Money

- 4.4.1 There are recognised health benefits and cost savings resulting from implementing falls prevention activities and services. There is also an assumption that there will be significant additional social care savings as a result of falls prevention, with a reduction in people accessing social care and increased care needs resulting from falls and hip fractures. Economic modelling suggests the programme is clinically and cost effective.

- 4.4.2 The cost of falls on the health and social care system in Leeds is estimated to be in the region of £12m per year, preventative activities can reduce the risk of a fall or the gravity of a fall by 30% thus reducing the cost on the system.
- 4.4.3 The financial resources required for this project are to be drawn down from the iBCF (Spring Monies) budget over the next 3 financial years. The breakdown of the funding for each element of the project is illustrated in the table below:

	FY 17/18	FY 18/19	FY 19/20
Total Falls Spring Bid	76,391	155,979	159,243
Safety Huddle	11,901	29,162	29,775
Additional Occupational Therapist & Physiotherapist	20,752	97,225	99,267
Fall exercise group programmes	11,105	29,592	30,201
Forecast Spend	43,758	155,979	159,243

4.5 Legal Implications, Access to Information and Call In

- 4.5.1 This decision is a significant operational decision which is not subject to call-in and there are no grounds for keeping the contents of the report exempt or confidential under the Access to Information Rules
- 4.5.2 Awarding a contract directly to LCH without seeking competition could leave the Council open to a potential claim from other providers, to whom this contract could be of interest, that it has not been wholly transparent. In terms of transparency it should be noted that case law suggests that the Council should always consider whether contracts of this value could be of interest to contractors in other EU member states, and if it could, the opportunity should be subject to a degree of European wide advertising. It is up to the Council to decide what degree of advertising would be appropriate. In particular, consideration should be given to the subject-matter of the contract, its estimated value, the specifics of the sector concerned (size and structure of the market, commercial practices, etc.) and the geographical location of the place of performance.
- 4.5.3 The Director of Adults and Health has considered this and, due to the nature of the services being delivered and the requirement to be physically located in Leeds, is of the view that the scope and nature of the services is such that it would not be of interest to providers in other EU member states.
- 4.5.4 There is a risk of an ombudsman investigation arising from a complaint that the Council has not followed reasonable procedures, resulting in a loss of opportunity. Obviously, the complainant would have to establish maladministration. It is not considered that such an investigation would

necessarily result in a finding of maladministration however such investigations are by their nature more subjective than legal proceedings.

- 4.5.6 Although there is no overriding legal obstacle preventing the waiver of CPR 9.1 & 9.2, the above comments should be noted. In making their final decision, the Director of Adults and Health should be satisfied that the course of action chosen represents Best Value for the Council

4.6 Risk Management

4.6.1 An analysis of risk and a plan for managing risk is a part of falls project plan.

4.6.2 The main components of the risk register are:

- Commissioning and procurement
- Monitoring and evaluation
- Governance

4.6.3 The risk identified at 5.4 above is mitigated somewhat by the fact that LCH are already contracted to provide community health services across the city through the partners within the Health and Wellbeing Board and it is anticipated that if the approaches within the project prove successful this will become part of the core commissioning of the wider contract with the CCG therefore the risk of challenge is likely to be very low.

5 Conclusions

5.1 The elements within the contract have to be delivered within the existing falls pathway for the city. The elements within it cannot be separated out as this would impact on the effectiveness and efficiency of the interventions and ultimately outcomes for patients. There is no other provider within the city who could offer the full model of delivery required within the contract, additionally, the enhancements feed into the existing falls pathway and there is a need to deliver the elements within this. This is why the contract waiver is requested with no competitive process triggered.

5.2 Any delays created by a procurement exercise would also delay the mobilisation of the scheme and impact on national targets set out by Public Health England (Reduction in hospital admissions for falls) and NHS England (Reduction in avoidable admissions and hip fractures).

6 Recommendations

6.1 It is recommended that the Director of Adults and Health–

- (i) Waives Contracts Procedure Rules 9.1 and 9.2 to award a new contract LCH without seeking competition in the sum of £358,980 to provide additional staffing to enhance the existing falls service and develop safety huddles within the Neighbourhood teams and community based group exercise programmes

between November 2017 and 31 March 2020, with an option to extend the contract for a further 2 years subject to successful outcomes.

Background documents

None