KENT COUNTY COUNCIL - PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Clair Bell, Cabinet Member for Adult Social Care and Public Health

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22/00081

For publication Yes

Key decision: Yes

Title of Decision INTEGRATED COMMUNITY EQUIPMENT SERVICE

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:

- a) **EXTEND** the current Integrated Community Equipment Service Contract for 16 months from 1 December 2022 to 31 March 2024;
- b) PROCURE a new long term sustainable service model; and
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, to finalise the terms of the required contract extension and to facilitate procurement activity, as necessary to implement the decision.

Reason(s) for decision: The current Integrated Community Equipment Service (ICES) Contract is due to expire on 30 November 2022 and new arrangements need to be in place by 1 December 2022.

There is opportunity to design a service that meets the needs of local populations, promotes choice and retains equity of service provision.

The new service will be integrated with health and social care and based on the Making a Difference Everyday (MADE) approach. It will align to the new Strategic Direction principles including Self-Directed Support.

A contract extension of the current service for 16 months will provide the time needed to undertake the service re-design.

Financial Implications: The annual budget for this service has steadily increased since the contract inception with annual growth from c£9m to £15m net to the indicated levels in the below table:

Annual Budget 15,451,934	Adults 2,511,379	Other 519,213	Joint 3,036,510	Health only 9,384,831	
	KCC	KCC			
2021/ 2022					

KCC receive funding from the NHS Kent and Medway Integrated Care Board (formerly the Kent and Medway Clinical Commissioning Group) for 2 posts linked to the management of this contract. They have also agreed to contribute £50,000 to the re-procurement costs.

The combined health and social care cost of extending the current service for 16 months until 31

March 2024 would be circa £20,602,578 million based on current spend 2021/22. KCC's proportion of this is likely to be in the region of £6,062,462 based on current spend 2021/22. Commissioners are working with the current provider on early cost efficiency schemes to address the risk of rising costs during the contract extension period.

Legal implications: The provision of services to support people with health and/or social care needs following discharge from hospital is detailed within the Care Act 2014.

Paragraph 8.14 of the Statutory Care and Support Guidance states that "local authorities may not charge for assessments, community equipment and minor adaptations, intermediate care or reablement for up to six weeks".

Regulation 72(1)(c) of the Public Contracts Regulations 2015 allows for modification of up to 50% of the original contract value where the need is brought about by circumstances that a reasonable authority could not have foreseen.

Independent legal advice is to extend the current contract under Regulation 72 1 (e) of the Public Contracts Regulations 2015, to commence market engagement as early as possible.

Equalities implications: An EQIA has been developed to support the service re-design and long-term jointly commissioned service. This will be updated as work on the service redesign progresses.

Data Protection Implications: There are no anticipated data implications associated with the contract extension as there will be no change to current service, or the data collected or shared, and therefore this will be covered under existing contract clauses.

A Data Impact Assessment will be undertaken to support the long-term jointly commissioned option.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 28 September 2022 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Full public consultation will be undertaken and this will inform redesign of the new service.

Any alternatives considered and rejected: Consideration was given to service re-procurement with small efficiency changes, and this would have enabled re-procurement within the time limit of the current contract, however rising demand and costs of logistics and raw materials that are driving up service costs meant this option is a financially high risk one and would threaten future sustainability of the service. It is therefore recommended that a full service re-design is needed to address these risks

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signed	date