

Decision maker:	Director for Children and Families
Decision date:	Wednesday 19 August 2020
Title of report:	Equipment and adaptations assessments and reviews for disabled children
Report by:	Children's Joint Commissioning Manager

Open

Decision type

Non-key

Wards affected

(All Wards)

Purpose

To approve the direct award of a contract for up to five years to Wye Valley NHS Trust for the provision of equipment and adaptations assessments and reviews for disabled children.

The council is required to provide appropriate specialist equipment or adaptations for children with disabilities at their home or school. To identify whether a child has a specific need for equipment or adaptations, the council requires a professional assessment by a qualified occupational therapist.

Wye Valley NHS Trust (WVT) currently provides equipment and adaptations assessments for disabled children on behalf of the council. This service forms part of a wider children's therapy service that is commissioned by the Clinical Commissioning Group (CCG). It is proposed to renew the current contract with WVT for equipment and adaptations assessments. This will enable the council to continue to meet its duties while also ensuring that service users can benefit from a joined-up experience for any other therapeutic needs.

Recommendation(s)

That:

- (a) The Director of Children's and Families directly awards a contract to Wye Valley NHS Trust (WVT) to continue provision of equipment and adaptations assessments for disabled children for three years from 1st April 2020 to 31st March 2023, with the option to extend this period for a further two year at an anticipated maximum cost of £296,630 over the five year period.**

Alternative options

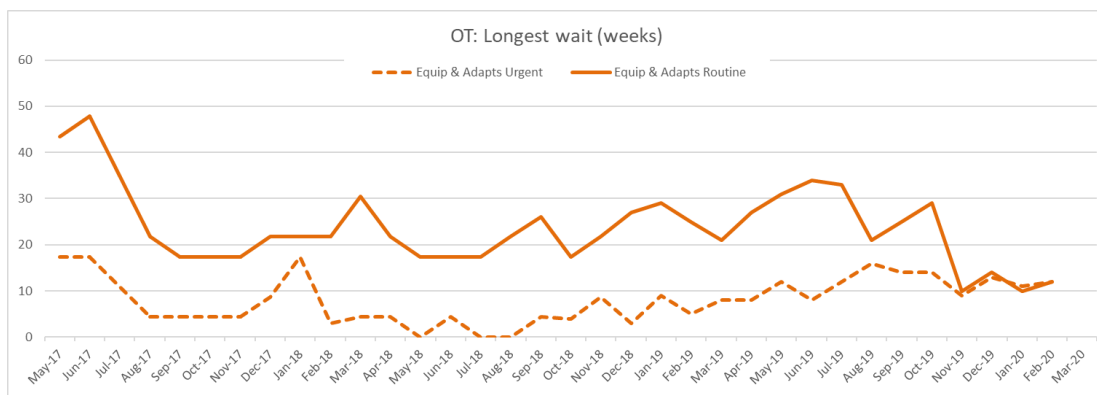
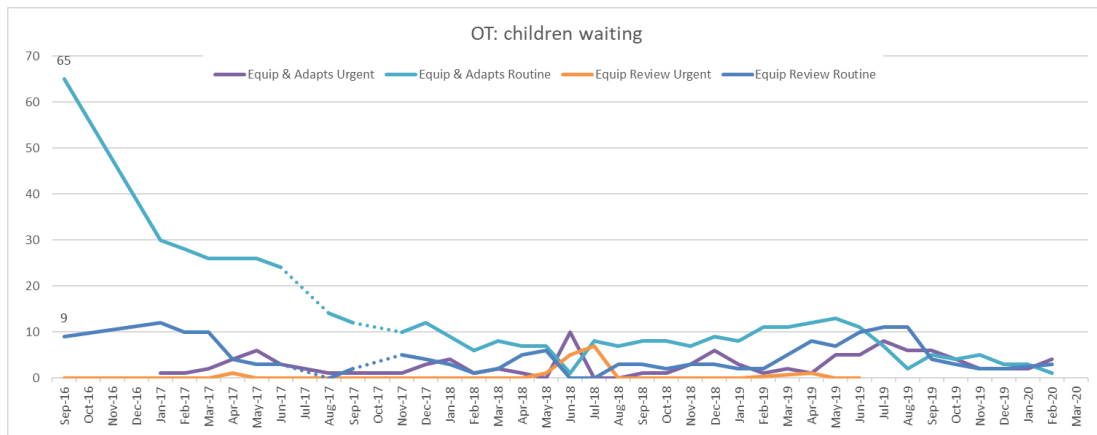
1. Tender or bring the service in-house. This option is not recommended at the current time. The function is integrated with other pediatric therapy services commissioned by the Clinical Commissioning Group (CCG) and delivered by WVT. The integrated nature of the service with other children's occupational, speech and language and physio therapies means that, where appropriate, children with a range of therapeutic needs can be supported in a coordinated way. While there are a number of sole-trader private occupational therapists that could undertake some equipment and adaptations works, the market is unlikely to be able to provide the total number of assessments needed in a year in a sustainable way. There may be future potential to jointly commission a complete therapy service with the new Herefordshire and Worcestershire CCG as its priorities for children Special Educational Needs and Disability (SEND) are further developed.
2. Cease the service. This option is not recommended.. The council would fail in its statutory duty to assess and provide appropriate specialist equipment or adaptations for disabled children.

Key considerations

3. The Children's Act 1989 places a duty on councils "to safeguard and promote the welfare of children within their area who are in need" and to provide services designed to minimise the effect on disabled children within the area of their disabilities, to give them the opportunity to lead lives which are as normal as possible.
4. The Chronically Sick and Disabled Person's Act 1970 also places a duty on councils to arrange for one or all of a wide range of services where they are satisfied that they are necessary to meet the needs of permanently disabled persons resident in their area. This includes "the provision of assistance for that person in arranging for the

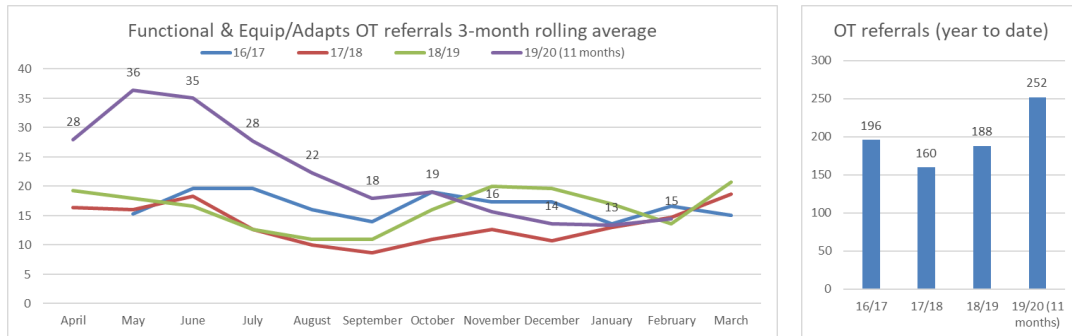
carrying out of any works of adaptation in his home or the provision of any additional facilities designed to secure his greater safety, comfort or convenience".

5. The delivery of equipment and adaptations work is in accordance with the council's strategic approach, which aims to achieve seamlessness across a range of education, health and care services that children with disabilities may need. The equipment and adaptations work sits within a wider children's therapy service that is commissioned by the CCG, which includes functional occupational therapy (OT), physiotherapy and speech and language therapy. This provides a holistic, coordinated suite of health services around the child, under one service provider. There may be future potential to jointly commission a service with the new CCG for Herefordshire and Worcestershire.
6. In the past, both the commissioners and the provider have acknowledged that the available management information had not been as comprehensive as it should be, however this situation has improved since 2016. The wider WVT paediatric OT service, including equipment and adaptations assessment work, had experienced unacceptable waiting times over a prolonged period, which was highlighted by the 2016 Special Educational Needs and Disability (SEND) inspection by Office for Standards in Education (Ofsted) and the Care Quality Commission (CQC). The service has made a range of operational improvements since 2016, which have delivered a reduction in the number of children waiting for equipment and adaptations work. Since 2016, there has been a significant improvement in the number of children waiting for a service and by November 2019 the longest wait for any child had reduced to less than the desired 18-week maximum, as illustrated below.



7. It is estimated that the service receives 120-150 requests for equipment and adaptations assessments per year. Referral data is reported for the combined functional OT and equipment/adaptations services. Overall, the average number

of monthly referrals and year-on-year trends appear to be generally stable. There was a spike in referrals mid-2019 which subsequently appears to have returned to trend. The below chart provides an overview of referral rates.



8. It is proposed to award a three-year contract, with an option to extend for a further two years, to WVT for the continued provision of the OT equipment and adaptations assessments. The cost of the service is based on national NHS nursing terms and conditions, with the added value of clinical governance and line management. A direct award to WVT will:
 - provide a good level of service resilience as a result of being integrated as part of a wider occupational therapy service
 - ensure that the council is able to continue to meet its duties
 - avoid creating uncertainty among the children and families that require the service

9. Further improving the provision of children’s therapy services is a shared priority for the Council and CCG. The recent merger of Herefordshire and Worcestershire CCGs is bringing additional focus to a range of children’s health services, including those for children with special educational needs and disabilities. This brings a fresh opportunity to consider potential joint commissioning of children’s therapy services. Should it be concluded that there is benefit for the council to jointly commission paediatric therapies (through a National Health Services Act 2006, Section 75 agreement, with the CCG acting as lead commissioner), the contract proposed by this report may be terminated early by mutual agreement. Should joint commissioning not be the preferred long-term approach, an options appraisal will be undertaken prior to contract expiry to review the options of an open procurement process or bringing the service in-house in order to inform a further commissioning decision.

Community impact

10. The equipment and adaptations work supports the aim of the Children and Young People’s Plan for Herefordshire 2019-2024, namely; to give all children and young people in Herefordshire a great start in life.
11. The recommendation also supports the council’s County Plan priority of ‘keeping children and young people safe and giving them a great start in life’, as well as the priority of ‘securing better services, quality of life and value for money’.
12. Commissioning equipment and adaptations assessment work from WVT will assist the council in meeting its duties regarding disabled children, and will support the children themselves to live as normally as possible, at home, and with

their peers at school.

Equality duty

13. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
14. The public sector equality duty requires the council to consider how it can positively contribute to the advancement of equality and good relations, and demonstrate that it is paying 'due regard' in our decision making in the design of policies and in the delivery of services. Contracts within the Children and Families directorate require providers to monitor and report on how they are meeting the equality duty.
15. The recommendations will assist the council in supporting disabled children. Any break in service provision could have a significant impact on this protected group.

Resource implications

16. The value at the commencement of the previous agreement in 2016/17 was £53,223, which has undergone subsequent increases arising from staff cost inflation.
17. Continuation of the service at its current capacity levels will require resources of £57,000 in the first year, which represents an annual inflationary uplift of 2% since the 2016/17 agreement. It is proposed that the value of the new agreement will also rise via an anticipated 2% annual inflationary uplift (subject to national NHS salary rates), as follows:

Year	Annual cost
2020/21	£57,000
2021/22	£58,140
2022/23	£59,303
3-year total	£174,443
2023/24	£60,489

2024/25	£61,699
5-year total	£296,630

Legal implications

18. This report recommends the recommissioning of a service which is required to allow the council's statutory duties including those contained in the Chronically Sick and Disabled Persons Act (CSDPA) 1970 and the Children Act 1989. The CSDPA 1970 places a duty on local authorities to make arrangements for the provision of one or all of a range of services listed in s2 of CSPDA 1970 where they are satisfied that they are necessary to meet the needs of permanently disabled persons resident in their area. This section includes "the provision of assistance for that person in arranging for the carrying out of any works of adaptation in his/her home or the provision of any additional facilities designed to secure his/her greater safety, comfort or convenience". Furthermore, the Children Act 1989 places a duty on councils to safeguard the welfare of children within their area and to provide services designed to minimise the effect on disabled children within their area of their disabilities; to give such children the opportunity to lead lives which are as normal as possible.
19. The council has a duty to secure best value in the discharge of all of its functions; best value is an ongoing assessment of considerations of price and quality and should be regularly tested through contract management. The contract is being directly awarded and the contract prices are based on NHS nursing terms and conditions which are nationally set and therefore appear to offer value for money and would meet the council's duty to obtain best value. A waiver of the council's contract procedure rules has been agreed.

Risk management

Risk / Opportunity	Mitigation
Performance issues within the wider paediatric therapy services impact on equipment and adaptations work.	Robust performance reporting and contract management.
Direct contract award will not comply with Part 4 (clause 4.6.12), Section 6 (contract procedure rules) of the council's constitution.	Approval for an exemption to the council's contract procedure rules will be sought from the solicitor to the council.
Additional pressure may arise if therapists are re-deployed to support with WVT's Coronavirus contingency planning, leading to increased numbers of children waiting and longer waiting times for equipment and adaptations assessments.	Commissioners will work with WVT to understand and mitigate specific pressures. Private OT assessments may be commissioned for individual children if there is an urgent need.

A risk of a provider challenge to a direct contract award to the WVT.

This risk is judged to be low. Some children will have a mix of therapeutic needs that can be provided alongside the therapy services commissioned by the CCG.

Consultees

None

Appendices

None

Background papers

None