

ECL's new Reablement contract goes live on 4th May 2021.

ECL has been granted a new Reablement contract, which will run for up to 3 years from 4th May 2021.

During this period, both ECC and ECL are committed to working in partnership, to ensure that the reablement provision becomes part of an integrated, independence-at-home offer, alongside community health. This will, in time, be able to support a greater proportion of people to avoid hospital admission via access to a broader professional 'family', including care workers, therapists, nurses and the community and voluntary sector. This contract provides an important step in this journey by ensuring a stable foundation for changes over the next 2-3 years.

What are the key changes?

It is expected that reablement will see significant changes over the lifetime of this contract. We will improve the customer experience through better coordinated pathways, referral processes and transfers to longer term arrangements, as well as through ongoing listening to the voice of people receiving support and frontline professionals. We anticipate process improvement work will have the benefit of creating up to 21% more capacity within intermediate care to enable more people to get the right support, at the right time, to meet their needs.

The Reablement contract places a key focus on developing partnerships and relationships across Social Care, Health and the wider system, with key performance indicators in place to monitor system improvements. This will support the [Connect Change Programme](#) being implemented throughout 2021 within each locality.

Given the projected growth in throughput, hours in each locality have been set in line with current delivery levels:

| Locality | Block proposed |
|-------------------|----------------|
| Mid | 1710* |
| North | 2280 |
| South-East | 1940 |
| South-West | 1940 |
| West | 1480 |
| Total | 9350 |

*Governance approval is being sought to uplift this to 2000 hours per week for year 1 – from the 5% surge capacity

Hours are subject to review over the lifetime of the contract and may be redistributed with agreement from ECC. There is a 5% flex against hours for year one, which will be targeted towards where demand pressures are present. There will not be a blanket 5% additional capacity available in each area. This consists of an extra 467.5 hours, the majority of which (c. 250 hours) will be used in Mid. The remaining 217.5 hours will be split across the other areas, according to demand, on a weekly basis.

The contract is not solely hours based and will have additional operational measures, which are already measured by ECL, such as the numbers of people referred, starting reablement, finishing reablement in a planned way, their length of stay, level of improvement made and numbers leaving and becoming self-caring. These will be benchmarked with targets agreed during the first six months of the contract. Performance will be regularly shared with partners within each local system.

It is anticipated that Intermediate Care providers, including ECL, ILOR and others, will work together, alongside the wider domiciliary care market, to manage demand, improve capacity and meet customer needs over the lifetime of the contract. ECC is committed to ensuring that the forums and mechanisms exist for this to happen.

We thank you for your continued support in transforming intermediate care across the county.

What are the principles that underpin the contract and future intermediate care services?

- **To improve outcomes for people in Essex**
- **Promoting independence**
- **To consolidate and simplify for individuals, carers and stakeholders, the current** fragmented system of services that have grown organically, are predominately focussed on hospital discharge and deliver sub optimal outcomes for Older Adults in Essex
- **To move towards an Intermediate offer** that
 - Ensures home is the default option for people; this means beds are only considered where the individual's needs or circumstances do not allow them to stay at / return home
 - prevents avoidable admissions and supports timely discharge following admission
 - is based on simple and seamless pathways
 - has the optimal mix and capacity of Crisis Response, Home-based Intermediate Care and Beds-Based Intermediate Care, with enablement as their core principle
 - promotes recovery and maximises the ability to live independently
 - has a competent and skilled workforce that collaborates and works in partnership to deliver outcome focussed and personalised care
 - is modern, fit for the future and enabled by digital solutions that enhance and improve customer experiences
 - delivers consistent outcomes for Older Adults across Essex
 - Makes best use of health and social care financial envelope and workforce

Commissioning intentions for Intermediate Care

- To work towards Partnership / Alliance delivery and contracting models for Intermediate Care Services across 'place' or 'STP' geographies

- System partners to align and integrate service delivery across sectors to create efficiencies in practice and improve outcomes
- System partners to work as part of the ICS to inform and deliver systems' ambitions; this means having a presence in appropriate forums to support this
- To review and redesign Intermediate Care services collaboratively with commissioners, providers, social care and the acute trust
- To maximise the added value of voluntary and non-statutory resources that exist in the health, care and wellbeing sectors to support independence
- We need to ensure sufficiency of capacity within Home-Based Intermediate Care services and this will require innovative solutions to mix, use and supply the workforce