

# OFFICER DELEGATION SCHEME RECORD OF DECISION

<b>Date:</b> 7 <sup>th</sup> August 2025	<b>Ref No:</b> 2305
<b>Responsible Officers:</b>  Shirley Allen - Commissioning Manager	
<b>Title/Subject matter:</b> Seeking delegated approval to award a 1 plus 1 year contract to the Council's Local Authority trading Company, Persona via a vertical arrangement (previously Teckal). This exempts the need for a full tender under the new Procurement Regulations.  The approval is for the provision of 13 additional IMC beds to support the demand for IMC service and the existing provision of 36 IMC beds at Killelea.	
<b>Budget/Strategy/Policy/Compliance:</b>	
(i) Is the decision within an Approved Budget?	Yes, funded by Better Care Fund
(ii) Is the decision in conflict with the Council's policies, strategies or relevant service plans?	No
(iii) Does the decision amend existing or raise new policy issues?	No
Is publication still required? (see guidance)	Yes

**Item for decision:** *[with reasons]***Introduction**

Persona Care and Support are the Council's trading company for Adult Social Care. Services provided by Persona are generally block contracted by the Council and are operated through the unique partnership that a LATCo can offer. This includes the ability to commission and transform services without going through a tender process by use of the vertical commissioning arrangement.

In 2023, as part of current block contractual arrangements, Persona was commissioned to provide 27 short stay beds from Elmhurst. Due to the closure of the Bealey's Intermediate Care Service, and consistent demand for Intermediate Care Beds, the Council worked alongside Persona to look at how utilising their block contract would achieve a redesignation of 13 beds for IMC use. This was commissioned and allowed a retention of 14 beds for respite provision without major impact on the availability of respite services.

**Background**

The 13 additional IMC beds were originally commissioned for 1 plus 1 year to support the wider demand for Intermediate Care and allow Killelea (36 IMC beds) to focus on those with nursing and more complex needs. With consistent demand from hospitals for discharges for bed based reablement these beds have been utilised.

During the last two years, the service has developed a strong partnership with a local pharmacy as well as established connections with local GPs and community health services. They have worked closely with the Multi-Disciplinary Team to try and achieve positive outcomes for those entering the service, however it is acknowledged that more work is needed.

**Service Review**

To inform the decision on extension, a review of the service took place including review of activity, outcomes and demand as well as feedback from the service and relevant stakeholders.

Feedback from the Intermediate Tier Lead is that the 13 additional IMC beds are still required as demand from the borough's hospitals for the service remains consistently high and referrals are also being received from other hospitals throughout the year.

There is consistent demand for the beds at Killelea throughout the year which the 13 IMC beds at Elmhurst have supported; to keep waiting times low to enter the bed-based service. At certain times of the year there are significant capacity problems during periods of high pressure from the hospitals. The 13 IMC beds at Elmhurst have been successful in supporting Killelea to cope with demand during these periods of pressure.

	Number of admissions	Average length of stay	Number discharged home	Number discharged with no care package	Number discharged with care at home	Number discharged into care home	Other	Average length of stay	Max days occupied	Actual days occupied	% occupied
Year 1 2023-2024	91	40	50	22	19	14	36	40	4745	3656	77%
Year 2 2024-2025	88	36	60	17	24	8	39	36	4745	3131	66%

As detailed in the table above, Year 1 % of days occupied was **77%** which is not comparable to those achieved by the main Intermediate Care Service at Killelea with **96%**. Referrals are processed by a Single Point of Assessment and the decision about which service the referral should be admitted to is made by that team. It was identified in the review that not many referrals were made to Elmhurst during the first few months of the service becoming operational.

There was a further reduction in this figure in Year 2 and feedback from the service has advised that this has occurred due to:

- the person does not arrive at the designated time
- misses the cut off point for admission
- cannot be discharged as they are medically unfit at the discharge date
- admission has been cancelled but the team at Elmhurst have not been notified.
- occasionally discharges are delayed as the person requires specialist equipment or medication that have to be in place for discharge.

Commissioners are working with Persona to review the admissions process to improve this moving forward and will also be working with the Single Point of Assessment team to make sure that Elmhurst is as fully utilised as possible dependent upon the complexity of the referral.

Killelea accepts all complex referrals rather than Elmhurst, so at times Killelea may be full and Elmhurst less so, dependant upon the complexity of the referral. The review post extension will look at whether Elmhurst needs to develop its ability to support more complex individuals.

The outcomes for those people referred to Elmhurst IMC have been disappointing in comparison to those achieved by Killelea:

#### Moved to Residential Care **Elmhurst**

- Year 1: 21%
- Year 2: 35%

#### **Killelea**

- 23/24: 12%
- 24/25: 8%

## Returned home with no ongoing support

### **Elmhurst**

- Year 1: 24%
- Year 2: 35%

### **Killelea**

- 23/24: 42%
- 24/25: 50%

Commissioners and the Intermediate Tier Lead are working alongside both Persona and the MDT providing support to the IMC beds to address why the numbers are considerably lower than Killelea and action improvements to address this issue.

Feedback from the service itself flagged concern with several unsafe discharges. This is where people were discharged from hospital without appropriate information and medications accompanying them. There are also concerns that some people who were admitted on a Trusted Assessor form presented very differently upon admission to Elmhurst. The service has been reminded to escalate to the Commissioning Manager when concerns occur and support will be provided.

Performance has not met those achieved by Killelea. The Community Commissioning Team will be working on a robust joint improvement plan between the Intermediate Tier and Persona. This will be in place within 6 weeks of extension and reviewed regularly.

### **Alternative options considered and rejected**

A full re-tender of the service was considered; however this option was rejected because:

- the proposal submitted by Persona was competitively priced. The total additional cost per year for additional staffing for the 13 IMC beds is £122,000 per year. The bulk of the cost is already included in the Persona Block Contract.
- This is a significantly cheaper option than commissioning the beds from an alternative provider as Persona are repurposing existing provision already funded through the block contract. This option was discounted on this basis.
- Soft market testing indicated that no individual provider was able to provide 13 beds in a single location. The 13 IMC beds need to be located within one location so that social workers, therapy staff and other support staff from within the intermediate tier can provide a rehabilitation and move on service to residents. This option was discounted on this basis.
- The Multi-Disciplinary Team (MDT) supporting the 13 IMC beds would not be able to provide a quality service if beds were placed in several locations throughout the borough. If this was the chosen option, then MDT costs would

increase substantially in order to cover the number of locations. This was not considered following engagement with Heads of Service.

Without commissioning the additional 13 IMC beds, Killelea would be unable to cope with the number of referrals received from across the system, potentially an additional 85 referrals per year. Waiting lists would be longer and this would impact upon the hospitals who would be unable to discharge patients as quickly as they need to and would block beds for new hospital admissions. This option was discounted on this basis.

### **Financial Implications**

This additional investment is fully funded by the Better Care Fund. The Better Care Fund is recurrent funding and the investment requires no additional cost to the HAC Directorate revenue budget.

### **Funding Required**

To deliver the 13 IMC beds outlined above the following budget would be required:

Year 1

Total: £882,560, however £760,560 is already funded via the Persona Block. The remaining £122,000 is to be funded via the Better Care Fund

Year 2

Total: £882,560, however £760,560 is already funded via the Persona Block. The remaining £122,000 is to be funded via the Better Care Fund

Total funding: **£1,765,120**, however approval is sought for the additional **£244,000** required from the Better Care Fund for the duration of the contract as the remainder has already been approved as part of the overarching block contract.

### **Equality Impact and Considerations:**

The scheme has been screened to identify potential impacts on specific characteristics. The scheme recognises the importance of inclusive best practice. All impacts are therefore neutral or positive. This activity relates to any person who is discharged from a hospital setting to a community setting under this funding and the same guidance and right to access the service applies to all individuals. Elmhurst can provide a personalised service for individuals who are admitted to the service. The Intermediate Care beds service will not:

- Approach care and support with a 'one size fits all' approach;
- Provide a service which does not promote choice and control to the person;
- Make decisions on behalf of the person;

## LET'S Do it Strategy

This commission is aligned to the LET'S do it strategy as

- Local- we are choosing to commission using a local company Persona, to deliver the IMC beds.
- Enterprise- Keeping our IMC beds and jobs in borough, utilising a local company with experience of providing good quality services to Bury people.
- Together- This commission will enable a variety of Bury services to work together to reable people, to enable them to return to their own homes and live independently for longer.
- Strengths- The service will utilise a strengths based approach, working with people to maximise their strengths whilst keeping them linked into their local communities. The service will also further develop the integration of public services, ensuring people work more effectively together around the person.

## Service Specification

The specification is attached below and has not been revised significantly, all parties involved have been consulted and have not wished to make any changes to the original specification.



IMC beds in the  
communitySpecificati

Approval to recruit to newly created vacancies  
NB: Chief Officer graded roles require AD HR and AD Finance approval

Not Applicable

**Decision made by:**

**Signature:**

**Date:**

Executive Director:

A handwritten signature in black ink, appearing to be 'W. B. L.' followed by a long horizontal stroke.

17 November  
2025

Advised by HR Business Partner

NA

Advised by Finance Business  
Partner

A handwritten signature in blue ink, appearing to be 'Paul Oahy'.

28/08/2025

Lead Member (for noting)

A handwritten signature in black ink, appearing to be 'T. L. E.'.

27 November  
2025

Chief Officer graded roles: Assistant Director of HR	NA	
Chief Officer graded roles: Advised by Assistant Director Finance / Chief Accountant	NA	
<b>Member Consulted (only if applicable) [see note 4 below]</b>		
<b>Notes</b> <ol style="list-style-type: none"> <li>1. In most cases a single signature is required in accordance with the Table below.</li> <li>2. The form must be published if expenditure is over £100K. However, this must be after all the required contract documentation has been completed. This is to avoid publishing exempt confidential information.</li> <li>3. A report to Cabinet must be made if expenditure is over £500K.</li> <li>4. In a small number of cases in accordance with the requirements of the Officer Delegation Scheme, consultation is required from the appropriate Cabinet Member who must sign the form to confirm that they have been consulted and that they agree with the proposed action. Please refer to the Guidance.</li> <li>5. This form must not be used for urgent decisions.</li> <li>6. Where there is any doubt officers should always err on side of caution and seek advice from Democratic Services, the Monitoring Officer or Corporate Procurement where applicable.</li> </ol>		

### EXPENDITURE APPROVAL TABLE

Approval Limit	Approval By
Over £500,000	Cabinet
Over £250,000 to £500,000	Chief Executive
Over £100,000 to £250,000	Executive Director
Over £50,000 to £100,000	Director/Assistant Director
Over £10,000 to £50,000	Head of Service
Up to £10,000	Service Lead

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**For Chief Officer Graded Roles:**

Assistant Director HR Approval
Assistant Director Finance / Chief Accountant Approval