

Report to Cabinet

18 May 2022

Subject:	Procurement of a Wrap Around Service
Cabinet Member:	Cabinet Member for Adults, Health and Wellbeing Cllr Hartwell
Director:	Director – Adult Social Care Rashpal Bishop
Key Decision:	Yes - the financial threshold of £250,000 applies to the decision
Contact Officer:	Daljit Bhangal Operations Manager daljit_bhangal@sandwell.gov.uk

1 Recommendations

- 1.1 That the Director of Adult Social Care be authorised to complete a procurement exercise for the delivery of a Wrap Around Service for a contract term from 6 November 2022 to 5 November 2023, with an option to extend for a further one- year period from 6 November 2023 to 5 November 2024.
- 1.2 That the Director of Adult Social Care be authorised to award and enter into Agreements with all successful bidders, on terms to be agreed with the Director of Adult Social Care, for the provision of a Wrap Around service to commence on 6 November 2022 to 5 November 2023, with an option to extend for a further one- year period from 6 November 2023 to 5 November 2024.



- 1.3 That the Director - Law and Governance and Monitoring Officer, or their designated representative, execute any documents necessary within a reasonable time to give effect to the proposal in recommendation 1.2 for the provision of a Wrap Around service.
- 1.4 That any necessary exemptions be made to the Council's Procurement and Contract Procedure Rules 2018-19, to allow the Director of Adult Social Care to award contracts to the successful tenderer(s) in relation to 1.2 above.

2 Reasons for Recommendations

- 2.1 There is a current contract in place with Universal Care Ltd that expires 5th November 2022 and there is no extension option available and therefore the approval to commission a new service will ensure there is another service that can be used to provide a Wrap Around response from 6 November 2022.
- 2.2 The model will continue to create a more stable and streamlined approach for workers and access to an emergency Wrap Around service to enable admission avoidance or support step down from hospital and reduce the over reliance on bed-based services.
- 2.3 The Wrap Around service provides fast access (within 1 hour) to domiciliary care support at home for up to 72 hours.

3 How does this deliver objectives of the Corporate Plan?

	<p>People live well and age well</p> <p>A Wrap Around service will support people to live longer, healthier lives and maintain independence to remain in their own home with the care and support they need.</p>
	<p>A strong and inclusive economy</p>



Given the nature of the service and delivery of it to vulnerable people who reside in Sandwell, the successful organisations are very likely to employ people from the local area, supporting the local economy.

4 Context and Key Issues

- 4.1 There are competing challenges to the health and care system which means that not replacing the existing Wrap Around service would be imprudent and mean that the delivery of joint priorities would be detrimentally impacted.
- 4.2 Those challenges include the expectations of the Hospital Discharge Policy and Operating Model in relation to Discharge to Assess where transfers of care from hospital should happen when someone is 'medically optimised', and which sets out the principles of 'Home First' instead of moving individuals to a bed-based service. An individual being medically optimised instead of being declared medically fit suggests that people may need more intensive support when they are discharged which includes putting in a night sit for a finite period (up to 72 hours) to provide additional oversight to inform future care and support. Without a night sitting service during this crucial 72-hour period, vulnerable people may be at risk of harm, and therefore the service will provide an additional safety net while they recover from their hospital stay and maximise their opportunity for recovery and mitigate readmission back to hospital.
- 4.3 The Wrap Around service is one that the Council has commissioned since April 2020 to ensure initially that care homes had access within a short period of time to carers during the pandemic should they have high numbers of staff absence. However, the care homes during the first wave of the pandemic were able to manage their own crisis and therefore the service was diverted, successfully, to provide support to people in their own homes. It enables people with or without assessed needs under the Care Act to have access to a short-term provision (up to 72 hours) to support them to continue to live independently in the community or prevent a hospital admission whilst longer term needs are being assessed.



- 4.4 The Council has commissioned the current contract as a spot contract. This opportunity was advertised in which the Council sought to establish a contract with 3 Providers, but following the tender process, only one was successful (Universal Care Ltd). The current contract is for a Rapid Response service, however as there are similar services that provide a rapid response, for example the current Promoting Independence Pathway (PiP) domiciliary care service, going forward, the service will be entitled Wrap Around to ensure there is a better distinction, as well as to mitigate confusion.
- 4.5 Between 1 January 2021 – 3 January 2022 the service has been utilised 110 times, totalling 5442 domiciliary care hours, with referrals coming from the following areas;
- Community Social Work Teams
 - iCares community therapy team
 - Community Brokerage
 - Hospital 2 Home Team
- 4.6 Prior to this contract, a block contract was in place for a contingency carers service which paid a retainer for a set number of carers to be able to be called upon at short notice by care home providers, should they be needed. However, initially it was not being used for this purpose. The service scope was therefore expanded to allow community crisis to be supported, and while it attracted some referrals, due to there being limited knowledge of its availability (despite information being shared with potential referrers), usage remained low. It was therefore not considered a block contract could be justified when it was procured again as it gave guaranteed funding without an evidenced basis of need and a spot contract was established instead for the current supplier. It is proposed that a further spot contract is established for up to 6 providers, which provides some depth in availability should there be issues of capacity/availability.



- 4.7 The Wrap Around service would continue to be part of a portfolio of services within the Adult Social Care Promoting Independence Pathway (PIP). The STAR in-house service continues to take on hospital discharge domiciliary care packages, and where there is no capacity, the Block PIP contracts can be used to commission packages of care. Where there is no capacity within STAR or Block PIP Contracts; Community Care Framework Contracts or the Council's Approved List, and where there is a need for urgent short-term support, the proposed Wrap Around service contract, would be called upon to support.
- 4.8 The Wrap Around service would also support service users who would have previously been admitted to a short term residential EAB placement, and who instead are able to be discharged home with more intensive short- term support.
- 4.9 The Wrap Around service has recently been embedded into the Discharge to Assess process and utilised as part of Pathway 1 and diversion from people needing Pathway 2. The expectation is that referrals will increase via this route as key workers across the health and social care system become more familiar with the service.

Consultation

- 4.10 No recent market engagement has been carried out, however an exercise was done in 2021 seeking feedback from all domiciliary care providers contracted with at the time. It is not considered that the feedback received then would change to any significant extent now.
- 4.11 Although only 5 providers responded to the consultation it is broadly reflective of how the sector views such a service. The feedback received at the time in relation to how this service should be modelled was as follows:
- SPOT purchase at a higher rate than the standard domiciliary care framework rate– 3 Providers said this would work, at higher rates quoted between £15.16 and £25 per hour. One Provider did not



respond. One Provider said the spot model would not work as Providers would need a separate team.

- Standard rate is paid plus a call out fee – 3 Providers did not agree this could work. One said yes with a £35 one off payment. One Provider said maybe, but considered it was difficult to sustain.
- Block contract option – 4 Providers preferred this option to ensure carer availability.
- Variation to existing contract – no change to rates. 4 Providers did not favour this option as it is difficult to plan staff rotas within financial restrictions.

4.12 Providers who had verbally expressed an interest in delivering this service prior to the tender for the current service being advertised, but who subsequently did not bid, indicated there were staffing issues that prevented them from bidding. Other providers suggested the contract is not structured in a way that is attractive and would lend itself to more interest if it was block paid on guaranteed volumes.

Proposed Model

4.13 The current contract was predicated on the expectation that there are likely to be three tiers of support to people in the community as follows:

Tier One – people will go through scheduled care from either the Block PiP, STAR or Community Care Framework. This is already funded through existing contracts or in-house provision.

Tier Two – people will receive scheduled care from either the Block PiP, STAR or Community Care Framework and need continuous night support for up to 72 hours. The day support under this tier is already funded through existing contracts or in-house provision.

Tier Three – people will require the proposed service i.e. continuous day and night support for up to 72 hours before scheduled care takes over.



4.13 The actual usage for a one-year period from 1 January 2021 to 31 January 2022 has been 5442 hours for 110 service users at a cost of £93,500.

4.14 The following table provides a breakdown of how the service has been used since April 2020 to 31st December 2021. Data has not been included after December 2021 because returns are still being submitted and data reconciliation has not been completed;

	28 April 2020 – 26 Oct 2020	6 Nov 2020 – 5 Nov 2021	6 Nov 2021 to 31 st December
	Proline	Proline	Universal (and Proline as contingency)
How was the service used?	Used 23 times equating to 2.5 cases per month or 0.58 cases per week	Used 59 times equating to 4.91 cases per month or 1.13 cases per week	Used 37 times equating to 12.33 cases per month or 2.85 cases per week
How long are interventions for?	Number of days 81 and average of 3.52 days per person	Number of days 138.1 and average of 2.34 days per person	Number of days 86.2 and average of 2.32 Days per person

4.15 It is clear during the contract between November 2020 and November 2021 that knowledge and awareness, despite information sharing, was lacking and therefore referrals were not made until towards the end of the contract term. It is hoped that the continued change in culture by system colleagues, which is now being evidenced, will enable Home First to be firmly embedded. This supports a shift from traditional residential bed-based support to people returning home with more intensive care and support.



4.16 It is proposed that a spot purchased contract is procured, with no guarantees of work to mitigate modelling limitations. Key aspects of the service are:

Service provided across 7 days –

DAY (8am – 10pm)

Standard domiciliary care rate + £100 call out fee

NIGHT (10pm – 8am)

Standard domiciliary care rate + 20% + £100 call out fee (2 carers for the first call until risk assessment is completed)

4.17 The rates to be reviewed annually alongside the standard domiciliary care rate.

4.18 The expectation is that the provider would respond to the referral and be at the required location within 1 hour to provide up to 72 hours support.

5 Alternative Options

5.1 The table below identifies several options in relation to this service. Option 6 is recommended as the preferred option because the service is in its infancy and has the potential to have increased referrals, but an accurate picture of demand to some extent is unknown at this stage as D2A continues to embed. It is therefore recommended that a one- year contract, with an option to extend for a further year is established for up to 6 providers based on an additional 25% of referrals as received in November 21 and December 21. By establishing a one plus one- year contract from November 22, further analysis can be undertaken of referral patterns in order to commission a longer term service that is based on data that better predicts referral numbers from 2024.

	Option	Cost	Pro's	Cons
1	Recommission the service with 6 providers for a	£520,560 (subject to usage) +	- Allocate one Primary Provider to each town.	- Workers will potentially have to contact all 6



	Option	Cost	Pro's	Cons
	term of 3 years paid for on a spot basis as per November 21 and December 21 referral data	annual uplift of rates	<ul style="list-style-type: none"> - All Providers will also work across the Borough as cover. - Only pay for usage. - Increase the number of service users remaining at home - Commissioning with 6 providers allows more Provider capacity/availability. 	<ul style="list-style-type: none"> - Providers before establishing availability. - Contingency arrangements may be required if none of the 6 have availability - No guaranteed availability as contract is structured as spot
2	Recommission a spot with one provider for 3 years according to November 21 and December 21 referral data	£520,560 (subject to usage) + annual uplift of rates	<ul style="list-style-type: none"> - Only one point of contact. - Only pay for usage 	<ul style="list-style-type: none"> - Limits the capacity - Contingency arrangements will need to be put in place in the highly likely event one provider can't meet demand - Delay in timeline to respond to crisis if only provider contracted with has no capacity - Increased referrals to bed-based services as a result of a lack of availability - Increased length of hospital stays because of limited capacity.



	Option	Cost	Pro's	Cons
				<ul style="list-style-type: none"> - No guaranteed availability as contract is structured as spot
3	Recommission the service with 6 providers on a block basis for 3 years according to November 21 and December 21 referral data	£520,560 (subject to usage) + annual uplift of rates (includes call out fee)	<ul style="list-style-type: none"> - Allocate one Provider to each Town - All Providers will also work across Borough as cover - Guaranteed capacity within each town - Increase the number of service users remaining at home with more Provider capacity/availability. - Guaranteed hour contracts for staff. 	<ul style="list-style-type: none"> - Demand may not materialise to the extent 6 providers are used consistently, and then can disincentivise providers to hold capacity and the service can become unreliable - Lack of value for money as paying for a service not used
4	Recommission a block with one provider for 3 years	£520,560 (subject to usage) + annual uplift of rates (includes call out fee)	<ul style="list-style-type: none"> - Guaranteed capacity - Increase the number of service users remaining at home with more Provider capacity/availability. - Guaranteed hours contracts for staff 	<ul style="list-style-type: none"> - Capacity may be an issue if volume of referrals is higher than expected - Although paid in block, staff retention can be difficult if referrals are inconsistent. - Lack of value for money if not used
5	Recommission on a block	£520,560 if referrals are	<ul style="list-style-type: none"> - Guaranteed capacity 	<ul style="list-style-type: none"> - Staff retention difficult where



	Option	Cost	Pro's	Cons
	retainer basis with SPOT purchased hours for 3 years based on 3 carers retained	made inclusive of £50 per day per carer + annual uplifts of rates If no referrals are made £164,250	<ul style="list-style-type: none"> - Only one point of contact - Increase the number of service users remaining at home with more Provider capacity/availability - We only pay for what hours we use 	<ul style="list-style-type: none"> - there are no hours offered - If all 3 retained staff are utilised, contingency arrangements will have to be made if there are more referrals received
6	Recommission with 6 providers on a spot basis for one year plus one year according to November 21 and December 21 referral data + 25%	£347,040 + uplift of rates (includes call out fee)	<ul style="list-style-type: none"> - Same as option 1 - Setting the budget to 12 referrals each month across the year plus 25% will allow for any increases to referrals as the service continues to be embedded and ensures that the necessary approvals are in place should that be necessary 	<ul style="list-style-type: none"> - Same as option 1
7	Allow the contract to cease	£0	<ul style="list-style-type: none"> - No cost of continuing a contract but costs to the system of a lack of service. - No pressure on Providers to respond to crisis within this service. 	<ul style="list-style-type: none"> - There are no other services that offer up to 72 hour Emergency support to include night sits where required within an hour of contact, creating a



	Option	Cost	Pro's	Cons
				<p>gap in the market.</p> <ul style="list-style-type: none"> - Increase in community crisis leading to higher rates accepted (approved list) - Increase to bed based services or length of hospital stay or new admission. - Reduced support for a person to remain/go home.

6 Implications

<p>Resources:</p>	<p>The service has been agreed by the Joint Partnership Board to be funded by the Better Care Fund.</p> <p>Based on the number of referrals in November 21 and December 2, increased by 25%, the cost of a one year plus one-year contract is estimated to be £347,040 subject to referrals being received that match predictions, plus an uplift to fee rates (see Appendix 1).</p> <p>Packages of care commissioned will be paid for on an agreed set rate on a 'spot' basis, therefore there will be no guaranteed volume of service commissioned from prospective providers and the Council will only pay for what has been delivered plus a call out fee.</p>
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	<p>The rates will be reviewed annually in line with the standard domiciliary care rate.</p> <p>There are no anticipated human resource implications for the Council arising from the award of the Agreement.</p> <p>There are no implications for the Council's material assets.</p>
<p>Legal and Governance:</p>	<p>The Council has responsibilities under the Care Act 2014 to assess people who appear to have care and support needs and provide or commission services to meet these needs. The service proposed to be commissioned will support people to remain living in their own homes and avoid unnecessary admissions to hospital.</p> <p>The service proposed to be contracted falls under the Light Touch Regime of the Public Contracts Regulations (PCR) 2015 which allows for greater flexibility for how a procurement is run. However, while there is greater flexibility, the aggregate value of the Contracts will exceed the PCR15 Light Touch Threshold. A fully compliant tender process will be undertaken in accordance with both the Council's Procurement and Contract Procedure Rules and the Public Contracts Regulations 2015.</p> <p>The Council's Procurement and Contract Procedure Rules require Cabinet to approve award of contracts for the estimated value of the service and this paper seeks such authority.</p> <p>The procurement documentation will be agreed with legal representatives before the opportunity is put out to market.</p>
<p>Risk:</p>	<p>If the service is not procured there will remain a cohort of people who may end up in hospital or residential care because of a lack of a Wrap Around service,</p>



	<p>which means that the delivery of partnership priorities will be challenged.</p> <p>The risks identified in the separately completed Risk Assessment include;</p> <ul style="list-style-type: none"> - Approval not achieved - The number of bids received being below the number required - Lack of interest from the market - Service mobilisation and service delivery - Continuity of service and market forces, including Covid - Lack of Performance Monitoring <p>These risks have been assessed and sufficient actions have been identified in a separate risk assessment, to ensure the risks are mitigated to an acceptable level. It is considered that sufficient mitigation is in place so that the proposed contracts deliver against the specification. There are no red risks identified.</p>
Equality:	<p>An Equality Impact Assessment has been undertaken, there are no negative or adverse impacts on any protected groups.</p>
Health and Wellbeing:	<p>The recipients of the Wrap Around service will be supported and cared for to remain in their own homes and remain as independent as possible for as long as possible.</p> <p>To support the easing of pressure on acute hospitals through admission avoidance. This service is required to assist vulnerable people through the provision of timely care and support in their own homes.</p> <p>Given the nature of the service and delivery of it to vulnerable people who reside in Sandwell, the successful organisation is likely to employ people from the local area, supporting the local economy.</p>



Social Value	Providers of the Wrap Around service do not need to be based in Sandwell. Providers are supported and encouraged to recruit locally and engage with Colleges/Universities, and to procure local goods and services so support local communities. Social value has a fixed minimum % amount in the tender scoring process to allow the impact to be crucial to the outcomes.
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7. Appendices

See Appendix 1

8. Background Papers

Nil



Appendix 1

Annual cost of the Wrap Around Service

- Costs based on £16 per hour day rate and £19.20 per hour night rate.
- Worked out on current usage and data collected in respect of 12 people referred per month + 25% going through the system. Cost based around 10 hours per night (10pm to 8am) and 14 hours per day (8am to 10pm)
- 12 people referred a month is broken down into 8 people having Tier 2 hours and 4 people having Tier 3 hours

Costs based on £16 per hour day rate and £19.20 per hour night rate over a 72 hour period.

Tier 2	Rate/Fee	Hours	People	Total	
42 day hours only	£ 16.00	42	120	£	80,640.00
Call out fee	£ 100.00		120	£	12,000.00
				£	92,640.00

Tier 3	Rate/Fee	Hours	People	Total	
42 day hours	£ 16.00	42	60	£	40,320.00
30 night hours	£ 19.20	30	60	£	34,560.00
call out fee	£ 100.00		60	£	6,000.00
				£	80,880.00

Total 180 £ 173,520.00 per annum

