

Report to Cabinet

Monday 24 May 2021

Subject:	Award of Contracts for Enhanced Assessment Beds
Cabinet Member:	Cllr Shaeen Cabinet Member for Living Health Lives
Director:	Katharine Wilmette
Key Decision:	Yes
Contact Officer:	Daljit Bhangal – Operations Manager daljit_bhangal@sandwell.gov.uk

1 Recommendations

It is recommended that Cabinet;

- 1.1 Authorise the Director of Adult Social Care to complete a procurement exercise to secure provision of 60 enhanced assessment beds across a number of locations to secure continuity of provision to replace existing contracts until such time that the integrated Social Care and Health Centre is fully operational.
- 1.2 That a further report is presented to Cabinet for authorisation to award and enter into Contracts with all successful bidders, on terms to be agreed with the Director of Adult Social Care, for the provision of Enhanced Assessment Beds to commence on 1 October 2021 to 30 September 2022 with the option for the Council to extend for a further 1 year.



- 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 proposals in recommendation 1.2 for the provision of Enhanced Assessment Beds.
- 1.4 Approve an exemption to rule 8.7 of Procurement and Contract Procedure Rules 2018-19, or subsequent amendment, to allow the Director of Adult Social Care to award contracts to the successful tenderers in the event that the required minimum number of tenders are not received.
- 1.5 That Cabinet also approve variations to the Contracts up to a maximum of 10% of the contract value, should they be necessitated, and that authority to approve such variations be delegated to the appropriate Chief Officer in consultation with the relevant Cabinet Member, with a decision notice being published should a variation need to be enacted.
- 1.6 That Cabinet approve an uplift to the weekly bed rate for Enhanced Assessment Beds to be implemented from 1 April 2022 (and April 2023 if required) subject to the Joint Partnership Board agreeing the rates and funding.

2 Reasons for Recommendations




- 2.1 There is no further extension option available in the contracts ending on 30 September 2021 and therefore the authorisation to commence the procurement process and award contracts to successful bidders will ensure there are appropriate agreements in place from 1 October 2021.
- 2.2 Approval of these contracts will ensure that Adult Social Care (ASC) can assist people to be discharged from hospital to the most appropriate setting as soon as they are medically optimised thereby relieving pressure on acute beds.



In addition, the contracts will also allow admission avoidance by providing care and support to individuals thereby eliminating the need for a hospital admission.

- 2.3 The Care Act 2014 updated and re-enacted the provisions of the Community Care (Delayed Discharges) Act 2003, which set out how the NHS and local authorities should work together to minimise delayed discharges of NHS hospital patients from acute care. The NHS is required to notify relevant local authorities of a patient’s likely need for care and support where the patient is unlikely to be safely discharged from hospital without arrangements. In Sandwell ASC work in partnership with its partners in Sandwell and West Birmingham Hospital Trust and Clinical Commissioning Group to support hospital discharges, and notwithstanding the requirements underpinning the new Hospital Discharge Procedure, the Council remains responsible for supporting timely discharges.

3 How does this deliver objectives of the Corporate Plan?

	<p>People live well and age well Enhanced Assessment Beds will support people to live longer, healthier lives and maintain independence with the care and support they need.</p>
	<p>Strong resilient communities Sandwell Council, together with its partners, is committed to supporting individuals’ timely discharge from hospital and enabling them to live independent lives within their own communities. This provision is designed to provide them with timely care and support needed to enable them to return back to their own homes or avoid leaving a stay in hospital.</p>
	<p>A strong and inclusive economy 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.</p>



4. Context and Key Issues

- 4.1 The Better Care Fund was announced in 2013 by central government with the aim to support the transformation and integration of health and social care services. It is a pooled budget arrangement intended to benefit Sandwell & West Birmingham CCG (SWBCCG) and Sandwell Council. Strategic decision-making is overseen by the Joint Partnership Board (JPB). Through the (Improved) Better Care Fund (BCF), the Council has commissioned a number of services, which are agreed through the JPB.
- 4.2 The Council is statutorily required under the Care Act 2014 to carry out an assessment of anyone who appears to require care and support. Where someone is in hospital, under Discharge to Assess (D2A), funders are required to undertake assessments away from an acute bed setting.
- 4.3 On 21 August 2020 the Government published its Hospital Discharge Policy and Operating Model which is effective from 1 September 2020. This Policy provides a clear direction around the requirements placed on commissioners to support transfers of care, with a 'Home First' ethos required. The expectation is that 95% of people are expected to be discharged home, with some 45% of those requiring support. Further, 4% are expected to access a short-term bedded facility for intermediate care before returning home, with only 1% expected to access a care home direct from hospital.
- 4.4 The Policy directs that people without complex care needs should expect to be discharged on the same day they are judged to be clinically safe for discharge, and therefore it is expected that there is sufficient provision available to support delivery of this objective; the proposed contracts will enable this objective to be achieved.
- 4.5 For around half of the people being discharged, it is expected they will need a period of care, rehabilitation or reablement. This will be provided free for up to six weeks to promote independence and recovery, and until assessment for long-term care is undertaken.



- 4.6 The contracts proposed within this report support the Council in securing optimum use of hospital provision by supporting timely discharges for individuals for whom the Council has a statutory duty.
- 4.7 The proposed block contracts would provide immediate access to both assessment by the provider and immediate availability of care and support services to assist the patient to be discharged from hospital thereby minimising delays through days lost trying to secure social care.
- 4.8 The Council currently has the following block contracts for nursing and residential Enhanced Assessment Beds to support timely hospital discharge or admission avoidance.

Home	No. of beds	Contract Start	Contract End	Rate per Bed per week 20/21
Hill Top Lodge	11	01.10.2018	30.09.2021	£742.17
The Gables Nursing Home	4 + 2	01.10.2018	30.09.2021	£1250.00
Ryland View	18	01.10.2018	30.09.2021	£742.17
Hall Green	19	01.04.2012	01.04.2042*	£589.69
Newbury Manor	5	01.10.2018	30.09.2021	£742.17
Richmond Court	6	08.07.2019	30.09.2021	£742.17

* The contract for provision at Hall Green is part of a wider contract for provision of 80 beds. This contract is currently under review and subject to a separate Cabinet paper.

- 4.9 In addition to the 18 beds at Ryland View contracted by the Council, Sandwell and West Birmingham CCG has a contract for 12 beds in the same unit at Ryland View and their contract also ends on 30 September 2021. 10 of the CCG contracted beds are being used by the Council. However, the CCG will not be recontracting their 12 beds as they have no extension provisions, and therefore the Council will seek to secure the additional beds through the proposed tender exercise. Therefore, the Council is seeking to secure 60 Enhanced Assessment Beds through a tender process (see 4.13 below).



Occupancy

4.10 The occupancy for the homes used for EAB is as follows for the period 1 September 19 to 28 February 2020 and the same period between 1 September 2020 to 28 February 2021 is:

Home	Sep 19 to Feb 20 Average % Occupancy	Sep 20 to Feb 21 Average % Occupancy	Variance
Hill Top Lodge	74.6%	43.9%	-30.7%
Ryland View *	72.3%	52.1%	-20.2%
Richmond Court	62.2%	73.5%	11.3%
Newbury Manor	68.6%	50.3%	-18.3%
Hall Green	62%	41.1%	-20.9%
The Gables	76.7%	72.00%	-4.70%

* The occupancy data is reflective of 28 beds i.e. 18 contracted Council beds and 10 beds commissioned by the CCG.

4.11 As a result of the pandemic, the EAB units have all at one time or another been closed due to outbreaks and therefore the occupancy data is lower in the period September 2020 to February 2021 as no admissions were permitted while there was an active outbreak.

4.12 It should be noted that Own Bed Instead (OBI) is a service that has been increased from 20 virtual beds to a minimum of 40. OBI seeks to support people to be reabled at home with support from therapy- based interventions rather than individuals going into a bed- based service. Therefore, it is expected because of this, that the numbers of people going into a bed- based provision is reduced. This supports the Home First philosophy of the new Hospital Discharge Procedure and the D2A process.

4.13 Occupancy data demonstrates that no homes have had more than 80% occupancy, and to ensure value for money and to respond to the shift to home- based provision through OBI and D2A, it is recommended that the following is reprocurd from multiple sites:



EAB Provision	Current Capacity	Proposed Capacity
Nursing beds	47	37
Step up beds	5	5
Complex Dementia beds	4 plus 2 spot	4 plus 2 spot
Residential Dementia beds	19	12
Total	77	60

Given the reduction in volume of beds it is proposed to be procured, the Joint Partnership Board has agreed to set aside a contingency for spot purchasing of EAB should demand exceed the amount of beds procured.

Integrated Social Care and Health Centre

4.14 At its meeting on 29th March 2018, the Sandwell Health and Wellbeing Board gave its agreement and support to formally scope the long-term options to provide integrated Social Care and Health Centres in Sandwell. This was in response to three main strategic challenges: to help deliver sustainable progress on Delayed Transfers of Care (DToC) performance; provide more effective step-up/hospital avoidance services; and aim to commission a minimum required level of short-term, bed-based intermediate care (IC) throughout the year rather than in “peaks and troughs” according to winter pressures reactions etc.

4.15 In December 2018, February 2019 and November 2019 Cabinet approved the development of the integrated Social Care and Health Centre and the staffing model required for the service.



- 4.16 Working together in a more integrated way through the development of the integrated Social Care and Health Centre will ensure the best possible outcomes for the residents of Sandwell. These will include more people returning home with no or lower care packages ensuring reduced on-going care costs. Shared control over access, individual interventions and flow will also maximise efficiency resulting in reduced length of stay.
- 4.17 As a result of the pandemic, the timeline for the build of the integrated Social Care and Health Centre has been adversely impacted and therefore a further procurement will need to be completed to ensure that contracts coming to an end for EAB are replaced to ensure continued service provision. It is expected that the integrated Social Care and Health Centre will be operational from June 2022, but with an initial phased approach to new placements and building in additional time to mitigate against any further delays of the build. It is prudent to have contracts run to 30th September 2022 with the option to extend for a further 1 year, with a three- month termination period should the build run to time.

5 Alternative Options

- 5.1 Do not re-procure and allow contracts to lapse. This is not seen as a viable option as there will be increased delays in hospital and people not benefiting from admission avoidance leading to system pressure.
- 5.2 Allow contracts to lapse and procure beds on a spot basis. This is not considered a viable option as spot provision does not have any terms that require care homes to expedite assessment and admission, leading to intolerable delays.

6 Implications

Resources:	The contracts for the 60 beds are projected to cost £4,810,940.16 (plus a potential uplift to the weekly bed rate from April 2022 and April 2023 if required) and the cost will be funded from the Better Care Fund Pool Budget.
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	<p>The reduction in commissioned activity from 77 to 60 beds is projected to generate a saving of £726,000 within the Pool Budget over the length of the contract (excluding the impact of any price increase in April 2022).</p> <p>There are no anticipated human resource implications for the Council arising from the award of the Agreements.</p> <p>There are no implications for the Council's material assets.</p>
<p>Legal and Governance</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>Risk:</p>	<p>The risks identified in the separately completed Risk Assessment include;</p> <ul style="list-style-type: none"> - Approval not achieved - Lack of interest from the market - Provider recruitment of staff and retention - Performance and service delivery - Funding not secured - Lack of Performance Monitoring resources - Provider sustainability <p>These risks have been evaluated and sufficient actions have been identified in the risk assessment, to ensure the risks are mitigated. It is considered that sufficient</p>



	<p>mitigation is in place so that the proposed contracts deliver against the specification.</p> <p>As the service is funded via the BCF, this risk is assessed as Red in respect of the future of the BCF, as noted in the strategic risk register.</p>
Equality:	<p>An Equality Impact Assessment has been undertaken and the outcome of the same suggests there are no negative or adverse impacts on any protected groups.</p> <p>There are no significant equality issues arising from this report. The commissioning of this provision will ensure that vulnerable people in need of care, including protected groups, will benefit from timely support, and therefore there are benefits to some of the protected characteristics.</p>
Health and Wellbeing:	<p>To support the easing of pressure on acute hospitals through admission avoidance this service is required to assist vulnerable people for whom the Council has a statutory duty through the provision of timely care and support upon discharge from hospital.</p> <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.</p>
Social Value:	<p>Providers are supported and encouraged to recruit locally and engage with Colleges/Universities, and to procure local goods and services so support local communities.</p> <p>Social value has a fixed minimum % amount in the tender scoring process to allow the impact to be crucial to the outcomes.</p>

