

<b>Executive Director People Services</b>	<b>Ref No:</b> OKD15 19/20
<b>August 2019</b>	<b>Key Decision:</b> <b>Yes</b>
<b>Hospital Discharge Care Services</b>	<b>Part I</b>
<b>Report by Head of Commissioning</b>	<b>Electoral Divisions: All</b>
<p><b>Summary</b></p> <p>Health and social care in West Sussex are working together to develop and implement a pathway for people who are medically fit for discharge from hospital but who may have continuing health or social care needs. People meeting these criteria and who do not require 24 hour care would be supported to return home through this 'Home First' pathway with any long term care needs being assessed in their own home instead of in hospital.</p> <p>Home First will provide support to meet people's immediate needs at home whilst an assessment is completed. Following this assessment, the need for on-going support will then be considered. The aim will be to maximise the use of community support and to enable people to remain living as independently as possible. The service is expected to lead to improved care outcomes and as a result deliver better value for money.</p> <p>The proposal is to procure a hospital discharge care (HDC) service which will form part of the multi-agency approach to supporting people on their return home following discharge from hospital. HDC services will align with health services to provide a cohesive and county-wide service that allows for the Home First pathway to be fully implemented.</p> <p>HDC services will continue to support people with assessed social care needs at home where it has not been possible to commence an identified on-going service within the duration of Home First.</p>	
<p><b>West Sussex Plan: Policy Impact and Context</b></p> <p>The Home First pathway represents a health and social care system-wide approach to ensuring people are enabled and supported to return home from hospital quickly and efficiently supporting the <a href="#">West Sussex Plan</a> ambition for keeping older people 'healthy and well' and independent for longer in later life. The aim of the pathway and HDC services that form part of the multi-agency approach will be to support people to remain living as independently as possible.</p> <p>Hospital discharge care services will directly contribute to the following outcomes as part of Independence for Later Life.</p> <ul style="list-style-type: none"> <li>• People who use services will feel safe and secure in their own homes.</li> <li>• A reduction in delayed transfers of care from hospital that are attributed to social care.</li> <li>• An increase in older people (aged 65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.</li> </ul>	

## **Financial Impact**

The proposal has a projected annual cost of £1,332,000 in 2020/21 which will be through allocated funding from the Improved Better Care Fund. For subsequent years the service is expected to become self-financing from the savings in care costs that it is forecast to deliver.

## **Recommendations**

The Executive Director People Services is asked to approve the commencement of procurement activities to source a new hospital discharge care service and to proceed to let the contract for service commencement from April 2020, as set out in section 2 of this report.

## **Proposal**

### **1. Background and Context**

- 1.1. Health and social care partners in West Sussex are jointly developing the Step Up Step Down (SUSD) programme that will deliver new models of care across the system. Part of SUSD is the development of the nationally recognised Discharge to Assess (D2A) programme that seeks to ensure that patient flow within hospitals is maximised and that people no longer requiring a hospital bed are assessed for long term health and/or social care needs within more appropriate settings. In addition, it means that more people can be supported at home and for longer periods, reducing or delaying entry into residential care.
- 1.2. Home First, a D2A pathway, will support people who are medically fit but have health or social care needs that do not require 24-hour care, to be discharged from hospital to return home rather than wait for a hospital based assessment. The service will provide support to meet a person's immediate needs at home following discharge and whilst an assessment is completed within 3 days. Within a further 7 days it is expected that any identified on-going services will commence or people will have been assessed as not requiring further support to live independently.
- 1.3. The current model of hospital based assessments has been demonstrated to contribute towards delayed transfers of care<sup>1</sup>. It has also been evidenced that a large number of people are assessed and referred to on-going care services that are not best matched to their needs and that do not support maintenance of independence<sup>2</sup>. Longer stays in hospital are also associated with increased risk of infection, low mood and reduced motivation, which can affect a person's health

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<sup>1</sup> Professor John Bolton, IPC, Reducing delays in hospital transfers of care for older people, [https://ipc.brookes.ac.uk/publications/pdf/Some\\_key\\_messages\\_around\\_hospital\\_transfers\\_of\\_care.pdf](https://ipc.brookes.ac.uk/publications/pdf/Some_key_messages_around_hospital_transfers_of_care.pdf)

<sup>2</sup> Newtown, 2016, People first, manage what matters <https://reducingdtoc.com/People-first-manage-what-matters.pdf>

after they have been discharged and increase their risk of readmission to hospital<sup>3</sup>.

- 1.4. Organisations involved in the development and delivery of Home First include West Sussex County Council, the Clinical Commissioning Groups, acute hospital NHS trusts and Sussex Community (NHS) Foundation Trust (SCFT). SCFT will provide the clinical support associated with the Home First service, including therapists, nurses and health care assistants. In addition, the County Council is working with other commissioned services such as Technology Enabled Care, Home From Hospital and Carers Support provided by private and voluntary organisations to ensure a holistic approach to supporting people being discharged from hospital.
- 1.5. The proposed HDC service is expected to deliver the following outcomes;
  1. Meet the aspirations in the County Council's [West Sussex Plan 2017 - 2022](#) for people to be independent for longer in later life, feel safe and secure, feel part of their community, be healthy and well and have opportunities to thrive.
  2. More people receiving a health and social care assessment at home.
  3. Increase in effectiveness of assessing the most appropriate level of support, including those not requiring on-going support.
  4. Reduction in the amount of time people remain in hospital, delayed transfers of care and the amount of functional decline and deconditioning when medically fit for discharge.
  5. Realignment of County Council commissioned services to support hospital discharges.
  6. Progress towards integration of health and social care services.
  7. Flexible service that would allow for future joint commissioning and integration of other services such as reablement and intermediate care.
  8. Strengthening of the domiciliary care market, increasing skills and effectiveness of staff with a greater focus on promoting independence.
  9. An increase in the number of people not requiring support to live independently and those not requiring residential services.

## **2. Proposal Details**

- 2.1. The proposal is to commission, through a Public Contracts Regulation 2015 compliant procurement process, a Care Quality Commission regulated provider(s) to deliver the hospital discharge care (HDC) service which will deliver care as part of the multi-agency Home First pathway. The successful provider(s) will work flexibly alongside SCFT, hospital discharge teams and County Council operational teams to deliver the pathway.
- 2.2. HDC services will be delivered across the northern, southern and western operational areas as independent contracts. Services delivered under HDC will include regulated activity, such as personal care, which will provide care and support to people following discharge from hospital.

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<sup>3</sup> Kings Fund, 2018 <https://www.kingsfund.org.uk/publications/delayed-transfers-care-quick-guide>

2.3. HDC services will be split into two functions:

1. Home First Care - part of the multi-agency approach to supporting customers following discharge and up to seven days following a health and social care assessment.
2. Extended Home First Care - will provide support to people with assessed eligible social care needs following the conclusion of Home First Care services and where an-on-going service is required but has not yet commenced.

HDC provider(s) will be required to deliver both functions in each of the contracted operating areas.

2.4. Following a social care assessment, people with an identified and eligible social care need will be referred to appropriate services or solutions, such as consideration of community networks and assets, reablement services, or short and long term care and support at home services.

2.5. It is possible that long term care may take longer than the duration of Home First services to set up and commence. In this situation HDC provider(s) will also deliver an Extended Home First Care service for people with assessed eligible social care needs where the identified on-going service cannot be commenced within the timeframe of the pathway. A similar function is currently provided by Provider of Last Resort (POLR) in the northern operational area of the county and by a Hospital Discharge Service in the coastal area. It is expected that new commissioning arrangements for care and support at services that are currently being developed will reduce the time it takes to source on-going care services and will therefore reduce the need or volume of Extended Home First Care services.

2.6. If approved, the procurement timeline for the HDC service will begin delivery of services in April 2020. In order to support partners and to begin active delivery of Home First prior to winter 2019/20, a separate interim Home First Care service was authorised to be commissioned to operate between October 2019 and the start of HDC in April 2020. The commissioning of the interim Home First Care service does not form part of this decision report with contracted care and support at home providers previously being invited to submit a tender to deliver the short-term service. Upon successful procurement and mobilisation of HDC service providers, the interim Home First Care service as well as current coastal HDS and POLR services will end. Effectively, HDC will expand and streamline current commissioned services to deliver an effective and county-wide service.

### **Contract Terms**

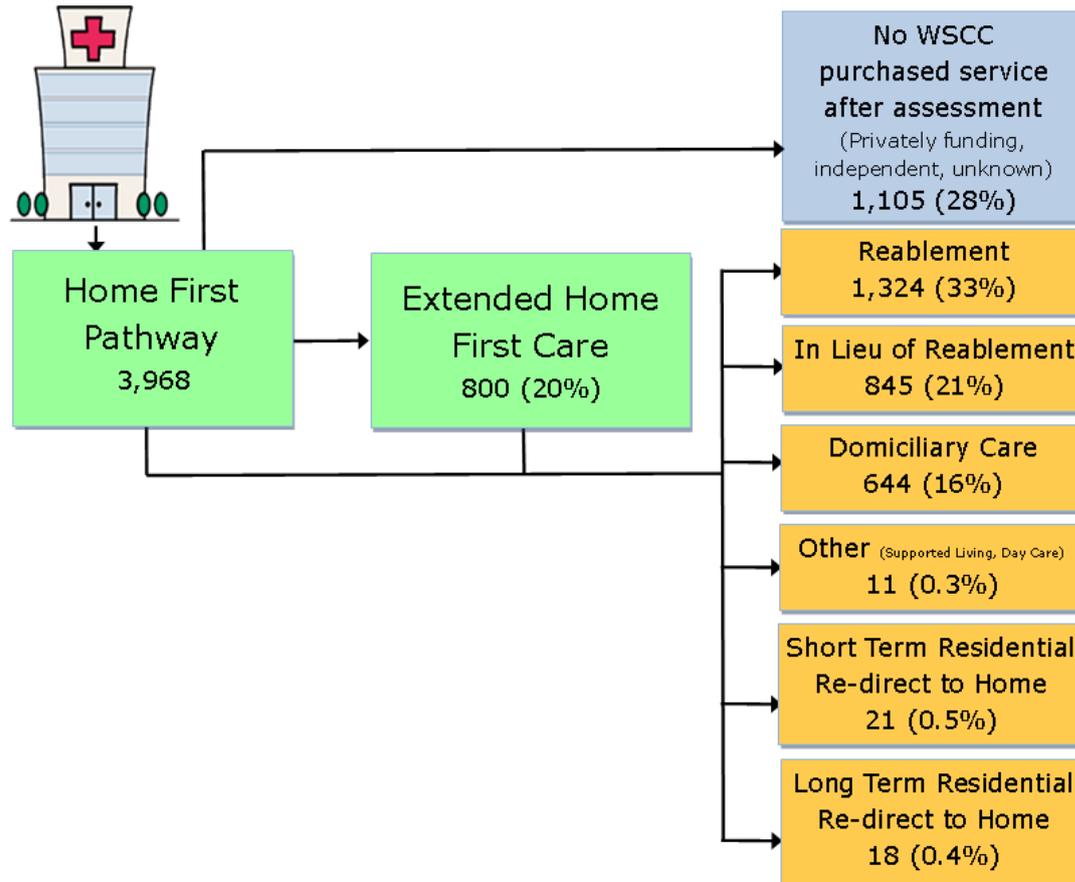
2.7. Contracts for services will be made for a duration of three years with two possible extension periods, each of one year. The contract will be based on a volume of block hours to offer a level of certainty in funding and capacity to both the provider(s) and commissioners, with additional spot hours to enable flexibility to deliver above the block where demand and capacity allows.

2.8. The contract will also contain mechanisms for flexibility to adjust the block volume to allow for changes in demand and to also ensure value for money. As

the service develops the volume of the block will be scaled up as services are rolled-out.

### Service Pathway and Volumes

2.9. The diagram below illustrates the Home First pathway for people with an identified social care need from the point of discharge from hospital to commencing an on-going identified service or not requiring any further support to live independently. Based on existing data approximately 3,968 people with a social care need are expected to be supported on the Home First pathway per year.



2.10. Of the 3,968 people on the pathway approximately 20% will require additional support beyond the duration of Home First and prior to the commencement of their identified follow-on service. It is anticipated that a greater number of people will commence their on-going service within the duration of Home First as new commissioning arrangements for care and support at home develop and grow capacity and response times within providers. This will reduce the volume of hours within the Extended Home First Care function required to continue support to people whilst an on-going service is arranged.

2.11. Using existing data of hospital based social work activity, 1,105 people do not receive a social care service purchased by the County Council following a referral. A number of these people will arrange and pay for care privately whilst others will not require an on-going formal care service. 4.2 of this report details the projected impact of the Home First pathway on on-going service need. It is expected that a greater number of people will not require services to live

independently and that more people will be able to be supported at home where previously they may have been referred to a residential based service.

- 2.12. Required service volumes have been calculated based on recent levels of activity from hospital social work teams as recorded on Mosaic and current timescales for services to be secured and commenced as detailed below.

<b>Hospital Discharge Care Function</b>	<b>Coastal</b>			<b>Total (hours)</b>
	<b>Northern</b>	<b>Southern</b>	<b>Western</b>	
Home First Care – hours required per week	180	150	90	<b>420</b>
Extended Home First Care – hours required per week	240	110	30	<b>380</b>
<b>Total (hours)</b>	<b>420</b>	<b>260</b>	<b>120</b>	<b>800</b>

- 2.13. It is projected that a total of 800 hours per week are required to support people with eligible social care needs from the point of social care assessment. Approximately 420 of these hours will be delivered within the duration of Home First with 380 within the Extended Home First Care function.
- 2.14. It should be noted that the projected volumes are based on the totality of hospital social work teams and includes assessments from community hospitals, emergency wards as well as acute hospital admitted wards. The Home First pathway will be rolled out in a staged approach as capacity and services develop. Initial referrals to the service will be from acute hospital admitted wards with the expectation that other parts of the system commence referrals at a later date. As this is a new pathway it is difficult to accurately predict the level of service required, hence the flexibility required within the contract and the importance of monitoring demand as part of the implementation. As the service develops partners will establish new monitoring arrangements to ensure usage is accurately monitored and reported and that future services are adjusted to reflect the actual levels of demand.

### **Service Costs**

- 2.15. Based on the identified maximum volume levels the cost of the service is expected to cost approximately £1.3m per annum. This figure includes a service volume contingency as well as the employment costs of a commissioning and contracts resource to manage the service (subject to approval). It is proposed to include terms within the contract to award an annual inflationary uplift linked to current arrangements for care and support at home services.

<b>Area</b>	<b>Approximate cost per year</b>
Home First Care function	£612,000
Extended Home First Care function	£553,000

Service contingency	£117,000
HDC commissioning & contracts staff resource	£50,000
<b>Total</b>	<b>£1,332,000</b>

### Chargeable Services

- 2.16. It is proposed that all services delivered within the Home First Care function of HDC shall be considered as Intermediate Care and, in line with the Care Act 2014, be non-chargeable to service users. All people will receive the service without charge for the period of Home First Care until an on-going service commences or upon transferring to the Extended Home First Care function.
- 2.17. Social care services delivered from the end of Home First Care (7 days from assessment) will be chargeable except where the on-going service being arranged is a non-chargeable service (such as a reablement service). These services will remain as non-chargeable.
- 2.18. The Extended Home First Care function may not be considered as an Intermediate Care service where it represents the start of a person's on-going care and support and market factors have not enabled the service to be sourced and commenced within the duration of the Home First service.

Function	Non-chargeable	Chargeable
<b>Home First Care</b>  (from assessment to day 7 or start of on-going service)	All services	
<b>Extended Home First Care</b>  (from day 8 onwards)	A Community Reablement Service is being arranged	A long term care and support at home service is being arranged (County Council and privately funded)
	An in lieu of Community Reablement Service is being arranged	A short term care and support at home service that isn't in lieu of a reablement service is being arranged (County Council and privately funded)
	A D2A residential is being arranged	A long or short term residential care service is being arranged

### Factors taken into account

#### 3. Consultation

- 3.1. Oversight of the Home First pathway is undertaken by the SUSD programme steering group featuring strategic representation from the CCGs, SCFT and the County Council. A number of workshops have been held to agree the operations

of the pathway, protocols and resource requirements. In addition, internal workshops for key County Council staff have been held to shape services and operations and determine resource requirements.

- 3.2. In May 2019, a market testing exercise was undertaken with CQC regulated providers to help shape services and structures. The exercise also contributed to understanding the potential market for such services and broad indicative costs for delivering a responsive service will full geographic coverage. Further market engagement was undertaken on 7 August along with consultation on Care and Support at Home recommissioning.

#### **4. Financial (revenue and capital) and Resource Implications**

- 4.1. Based on the service volumes in paragraph 2.12, the estimated cost for the delivery of HDC services, including a Commissioning and Contracts resource to manage the service, totals £1.332m per annum.
- 4.2. For year 1, resources have been earmarked as a carry forward in the 2019/20 spending plan for the Improved Better Care Fund to fund that cost. Thereafter, the costs are expected to be met from the return that HDC is forecast to generate. By enabling people to remain living independently at home it is anticipated to deliver the following benefits and cost savings.
- a) Reduction in number of people requiring long term care and support at home following hospital discharge.
  - b) Reduction in the size of long term care and support at home services required.
  - c) Reduction in the number of short and long term residential referrals from hospital. Increase in the number of people able to be supported to remain at home.
  - d) Increase in efficiency of Community Reablement Service through more appropriate referrals.
- 4.3. As the implementation of Home First presents a considerably different model of operation, delivered across multiple organisations and is influenced by many factors, it is hard to predict with certainty the actual financial returns. Consequently, cost savings have been modelled on a number of scenarios based on scale of impact in each of the four identified areas. Even on cautious estimates of customer throughput and the number of people whose care packages will reduce as a result, the outcome is expected to be self-financing as a minimum with potential for on-going savings upwards of £2.5m once the service is fully established. If it delivers in those terms it has the capacity to make a key contribution towards the demand growth absorption targets that are being built into the County Council's Medium Term Financial Strategy.

4.4.

	Year 2 2020/21	Year 3 2021/22	Year 4 2022/23
	£m	£m	£m
Revenue budget	1.332	1.332	1.332
Pump-priming funding from IBCF	-1.332		
Potential savings		-2.500	-2.500
Estimated net cost of proposal	0	-1.168	-1.168

4.5. Equally important is that robust monitoring arrangements are put in place to review cost savings once the service is operational and throughout its operation. In the event that these do not arise the contract will include break clauses which will allow it to be terminated.

4.6. It is anticipated that the Home First pathway will require considerable oversight and management in order to change and embed practice and systems to deliver an effective service that maximises outcomes for people and the return on investment for partners. Therefore, it has been identified that an additional resource to manage the services and support the implementation will be required. This has been included in the costs and is subject to approval through the County Council's recruitment processes.

4.7. Changes to the working practices of hospital based Social Work teams in delivering an increased number of community based assessments are currently being reviewed by the Adults' Services department.

## **5. Legal Implications**

5.1. The provision of services to support people with health and/or social care needs following admission to hospital is detailed within the Care Act 2014.

5.2. Paragraph 8.14 of the Statutory Care and Support Guidance states that local authorities may not charge for assessments, community equipment and minor adaptations, intermediate care or reablement for up to six weeks. Paragraphs 2.16-2.18 of this report detail the services and situations where a charge may be applied.

5.3. The Public Contract Regulations 2015 (PCR) apply to the proposed procurement and contract. However, as a health/social care service it is subject to the light touch regime rather than the full regulations. The value of the proposed contract is over the threshold for the light touch regime and so regulations 74-77 of the PCR will have to be applied during the procurement.

5.4. TUPE may apply to the contract for these services. There may be staff employed for the Interim Service that may then be eligible to TUPE transfer to the new provider(s).

## 6. Risk Implications and Mitigations

Risk	Mitigating Action (in place or planned)
<p>The service is dependent on other parts of the Home First pathway being implemented. This includes capacity of SCFT to provide clinical support services and discharge from hospital processes working as intended. This presents a reputational and financial risk to the success of the service and ability to operate as planned.</p>	<p>A health and social care system wide strategic SUSD programme group has been established to oversee development and implementation. Multi-agency operational project groups have also been established to develop the pathway processes and support the implementation.</p>
<p>Capacity within the market to meet demand is a consistent and on-going issue for care and support at home services. This presents a risk that HDC providers will not be able to deliver required volumes of service or will redirect capacity from community based referrals. Lack of capacity will impact on the Home First pathway to maintain patient flow and potentially delay discharge home.</p>	<p>Existing Coastal HDS, POLR and Interim Home First Care contracts have contingency arrangements to deliver beyond 5 April 2020 if necessary to support mobilisation. HDC contracts will include flexibility to manage block hours up and down according to capacity. Providers will be asked to demonstrate plans for ensuring capacity as part of the procurement and will be subject to close contract monitoring. Providers will be supported by Proud to Care team to recruit and retain staff.</p>
<p>There are financial risks including the affordability of the service, ability to fund services beyond year one and evidencing return on investment to enable future funding decisions.</p>	<p>Market testing and engagement has helped to estimate service costs. Close contract and performance management, including the development of reporting tools, will monitor the outcomes of the service. Break clauses will be included in the contract which will allow it to be terminated if the financial benefits which are expected to arise are not delivered.</p>
<p>The predicted level of service demand and required capacity may be inaccurate.</p>	<p>HDC contracts will contain elements of flexibility to respond to changes in demand. Regular reviews will be undertaken throughout the implementation to consider requirements. A contingency for demand has been built into predicted costs.</p>

## **7. Other Options Considered**

### **Integrated commissioning with health**

- 7.1. This option would see the County Council and CCG's jointly commission a single service. The appetite of the health and social care system to begin delivery of the Home First pathway prior to winter 2019/20 precluded this option as the time required to negotiate and formalise funding agreements and procurement processes was not achievable within the required timeframe. However, it is recognised that the aim ultimately for the SUSD programme is to move towards integrated health and social care provision, which this service will contribute to.

### **Integrate service within existing reablement contract**

- 7.2. The current contract for Community Reablement Service (CRS) runs until 30 November 2020 with potential extension for up to two years. This option would extend and vary the existing CRS contract to include the provision of HDC services to provide a rounded service supporting people discharged from hospital. Due to challenges within the market in regard to workforce it was considered that the provider would not be able to recruit sufficient staff to expand the service to include the delivery of the required HDC services within the required timescales.

### **Include as part of care and support at home re-commissioning**

- 7.3. The County Council's services for care and support at home are currently being re-commissioned with new services expected to be in operation in January 2021. This option would have included HDC services as a potential lot within the design of service provision that would follow the same commissioning, governance and procurement processes. The timeframe of delivering new care and support at home arrangements did not support the health and social care system's desire to implement Home First at an accelerated pace.

### **In-house service**

- 7.4. This option would develop an in-house HDC service instead of procuring services from the marketplace. Indicative costings of an in-house service, based on existing models within Provider Services, were higher than the estimated cost of securing services from the marketplace. Whilst an in-house service would have offered benefits in regard to direction of service and contract management the additional cost was considered prohibitive and would compromise potential cost savings and returns.

## **8. Equality and Human Rights Assessment**

- 8.1. The proposed service will positively support the County Council's equality duty in relation to people with the protected characteristics of age and/or having a disability as these are expected to be the majority of service users. These groups will be disproportionately affected positively in relation to those without those characteristics. It is considered that those with other protected characteristics will be neither positively nor negatively affected in relation to those without those characteristics.

- 8.2. The initial support following discharge from hospital and prior to a health and social care assessment will be delivered to all people who fulfil the criteria of being medically fit for discharge, not requiring a hospital bed and do not have 24 hour care needs. Services following a health and social care assessment will be determined based on need and eligibility.
- 8.3. The development of the Home First pathway will help to ensure that older people and people with a disability are supported to return home quickly following a hospital admission and that any follow-on services are appropriate. Services will be provided through a consistently trained workforce in accordance with Care Quality Commission regulations and the contract for services. It is therefore expected that providers of HDC services will be delivering a comparable service to all customers, including those presented as a result of their protected characteristics.
- 8.4. Service provider(s) will be required to meet equality legislation and ensure that recruitment and staff development processes reflect the same level of quality for people with protected characteristics.

## **9. Social Value and Sustainability Assessment**

- 9.1. The proposed services support sustainability of the care market in West Sussex. Procurement of HDC services will enable successful providers to develop a new service model that will develop favourable terms and conditions for the recruitment of staff. Additionally, the specification for services will have a significant requirement on providers to ensure that staff are trained and skilled in order to deliver a high level service with a focus on achieving customer outcomes and promoting independence.
- 9.2. The proposed services contribute positively to the following West Sussex Corporate Plan Measures.
  - 50 Quality of care at home: ratio of home care providers rated good or outstanding by the Care Quality Commission.
  - 51 People who use services who say that those services have made them feel safe and secure.
  - 52 Delayed transfers of care from hospital that are attributable to social care.
  - 53 Older People (aged 65+) who were at home 91 days after discharge from hospital.
  - 56 Level of satisfaction of the services received by our residents.
  - 58 Residents who find it easy to access information, services and support they need.
  - 91 Percentage of people in receipt of reablement who either aim achieve or have a reduction in their level of support.

## **10. Crime and Disorder Reduction Assessment**

The proposed services are not anticipated to contribute positively or negatively to crime and disorder reduction.

**Kim Curry**

Executive Director for People Services

**Catherine Galvin**

Head of Commissioning

**Contact Officer:**

Matthew P Birch, Commissioning Officer, Tel: 0330 222 5529

**Appendices:** Appendix 1 - Glossary of Terms

**Background papers:** None

## Glossary of Terms

Step Up Step Down programme (SUSD)	The overall programme jointly developed by health and social care partners to develop and improve hospital discharge and admission avoidance services.
Discharge to Assess (D2A)	Part of the SUSD programme focused on efficient hospital discharges to allow assessment for long term health and social care needs away from the acute hospital setting. Four pathways within the D2A pathway including the Home First pathway.
Home First pathway	The multi-agency approach to supporting people being discharged home from hospital. The Home First pathway includes health and care services commissioned by clinical commissioning groups and the County Council and delivered by Sussex Community (NHS) Foundation Trust (SCFT) and home care providers.
Hospital Discharge Care (HDC)	<p>The name for the services being commissioned by the County Council to support the multi-agency delivery of the Home First Pathway and to provide continuing support to people where an identified follow on or on-going service has not yet started.</p> <p>HDC services will deliver two distinct functions; Home First Care and Extended Home First Care. A single provider will deliver both functions in each contracted area.</p>
Home First Care	Part of the overall HDC services being commissioned by the County Council. Home First Care represents the provision of home care services to support people as part of a multi-agency approach from the point of discharge from hospital and up to 7 days from a health and social care assessment.
Extended Home First Care	Part of the overall HDC services being commissioned by the County Council. Extended Home First Care represents the continuing provision of home care services to people with eligible social care needs where an identified service has not commenced with the 7 day period from the point of health and social care assessment.