# **Report to Cabinet Member for Adults and Health**

# January 2021

Commissioning additional community capacity to support hospital discharge during the Covid-19 pandemic

# Report by Executive Director of Adults and Health

**Electoral division(s): ALL** 

#### **Summary**

The Sussex resilience forum has declared a major incident due to the impact of the Covid-19 pandemic on the capacity of the NHS resources to manage demand.

Pressures on acute and community hospitals are intense and to support this the Council has been working in partnership with the Clinical Commissioning Group (CCG) to manage access to community provision both via the Home First (care at home) model and referral and admission to care homes. The CCG and Council are working within the parameters of the Hospital Discharge guidance issued by government on 21st August 2020 which has established a discharge to assess model which enables people to be discharged from hospital when they are medically fit and for their ongoing care needs to be assessed at home or in an interim setting within given timescales.

The current numbers of people who are medically ready for discharge is at an unprecedented level and the Council is seeking to respond to this by creating additional community capacity through a 'Care Hotel' model.

#### Recommendation

The Cabinet Member for Adults and Health is asked to approve the sourcing of accommodation with live in care to support hospital discharge during the Covid-19 pandemic.

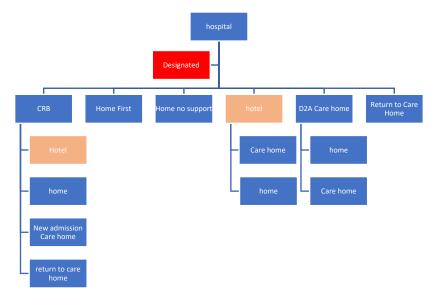
#### **Proposal**

## 1 Background and context

- 1.1 The pressure on hospital services is extreme as Covid cases continue to increase. Acute hospitals are looking to discharge hundreds of patients over coming days and weeks in order to free up capacity for new patients requiring acute hospital treatment.
- 1.2 At least 60 care homes are now restricted to new admissions as a result of Covid, and therefore alternative solutions in different settings are required to support discharges from hospital during this wave of the Covid19 pandemic.

## 2 Proposal details

- 2.1 This new service will consist of a contract with Abicare Services Ltd to provide live in care staff into hotel accommodation to provide support to patients who have been assessed as medically ready for discharge from acute or community hospitals until they are able to return home or on to alternative care services as required.
- 2.2 There will be an agreement with two hotels in West Sussex to provide accommodation as an inclusive rate including the majority of meals, laundry and cleaning. Where special diets are required this will be sourced through the current council Meals on Wheels provider.
- 2.3 The hotels will accommodate both the service user and the carers and the numbers of rooms, and costs, reflect these numbers. The hotels have been visited by Occupational Therapists and are deemed adequate in terms of space and accessibility. Rooms will be equipped with a core amount of supportive equipment, eg hospital beds, toilet seats and bathing aids and there will be the capacity to provide some specialist equipment for individuals as prescribed through the Community Equipment Service.
- 2.4 The pathway into the accommodation will be as per all other hospital discharge with referrals going from the acute hospital discharge hub and/or the community hospitals to the Combined Placement and Sourcing team (CPST) as per the illustration below:



- 2.5 Individuals will remain in the care hotel for a maximum of 14 days during which time they will have a social care assessment by a linked social co-worker and their onward placement will be secured by that home with/without ongoing support or an alternative care setting
- 2.6 The Council will commission and contract the care provider and in addition secure and sign the agreement with the hotels including clarity of arrangements for meals, laundry and all ancillary costs. All expenditure incurred will be reimbursed by the CCG.
- 2.7 In order to mitigate the financial liability of the Council in issuing the care contract, the Section 75 agreement, which was varied to include winter provision, will be

further formally varied to include this service provision. Funds will be reclaimed from the CCG on a monthly basis as per current practice for the Hospital Discharge Programme.

- 2.8 Any extension beyond the end of March would be dependent on ongoing national arrangements through the NHS for reclaim of hospital discharge costs.
- 2.9 Costs: assuming 26 residents across two sites with 13 carers in each:

Hotel costing sheet per patient

Hotel costing sheet pe	n patient			
	Per	Per		
	night	week	10 weeks	20 weeks
Description	£	£	£	£
Cost of care	175.82	1,230.77	12,307.69	24,615.38
Cost of				
accommodation -				
patient	95.00	665.00	6,650.00	13,300.00
Cost of				
accommodation -				
carer	95.00	665.00	6,650.00	13,300.00
Total	365.82	2,560.77	25,607.69	51,215.38

# Hotel costing sheet per 13 patients

	Per	Per		
	night	week	10 weeks	20 weeks
Description	£	£	£	£
Cost of care	2,285.71	16,000.00	160,000.00	320,000.00
Cost of				
accommodation -				
patient	1,235.00	8,645.00	86,450.00	172,900.00
Cost of				
accommodation -				
carer	1,235.00	8,645.00	86,450.00	172,900.00
Total	4,755.71	33,290.00	332,900.00	665,800.00

# Hotel costing sheet per 13 patients, 2 locations

	Per	Per	10	20
	night	week	10 weeks	20 weeks
Description	£	£	£	£
Cost of care	4,571.43	32,000.00	320,000.00	640,000.00
Cost of				
accommodation -				
patient	2,470.00	17,290.00	172,900.00	345,800.00
Cost of				
accommodation -				
carer	2,470.00	17,290.00	172,900.00	345,800.00
Total	9,511.43	66,580.00	665,800.00	1,331,600.00

#### Hotel costing sheet additional costs per 13 patients 2 locations

Description	Per night	Per week	10 weeks	20 weeks
	£	£	£	£
Equipment purchase and	432.27	3,025.92	30,259.26	30,259.26
provision to kit rooms out				
to a minimum support				
standard				
and additional hoisting,				
walking aids etc				
Additional ancillary	520.00	3,640.00	36,400.00	72,800.00
services for specialist				
cleaning, waste etc				
Tech support ie call	185.71	1,300.00	13,000.00	13,000.00
buttons, door sensors etc				
Contingency for staffing or	457.10	3,199.70	31,997.00	63,994.00
other care related issues				
(10%)				
Additional room hire for	190.00	1,330.00	13,300	26,600.00
staff use (one per location)				
Total	1,785.08	12,495.62	124,956.26	206,653.26

#### Overall scheme total

	Per night	Per week	10 weeks	20 week
	£	£	£	£
Core costs	9,511.43	66,580.00	665,800.00	1,331,600.00
Additional costs	1,785.08	12,495.62	124,956.26	206,653.26
TOTAL	11,296.51	79,075.62	790,756.26	1,538,253.26

## 3 Other options considered (and reasons for not proposing)

- a. There has been consideration of utilising existing care home capacity but this has been excluded for the following reasons: Lack of market availability to meet the specification including cohorting of residents to minimise risk of infection
- b. Level of outbreaks in care homes
- c. Low resilience within care home market due to the pandemic impacting staffing levels
- 3.2 There has been exploration of utilisation of any closed care home capacity as the accommodation base. Whilst a couple of options have been followed up, one provider has declined the opportunity and the other cannot come on stream until February and the pace of the discharge need means provision is required as soon as possible.
- 3.3 The contractual arrangements have been considered and alternatives to the Council holding the contract options appraised. Whilst there are risks within this arrangement, it is felt that in the interest of pace and oversight it is most appropriate for the Council to take the lead. This is also in line with the Hospital Discharge guidance:
  - Role of Local Authority: care packages for those discharged (including commissioning of care home beds) should be jointly commissioned; and the local authority should be the lead commissioner unless otherwise agreed between the CCG and the local authority

 take the lead on local care market shaping, including contracting responsibilities (for example, expanding the capacity in domiciliary care, and reablement services in the local area)

# 4 Consultation, engagement and advice

- 4.1 There has been engagement with finance, procurement and legal within West Sussex. Colleagues in the Clinical Commissioning Group have supported the access to primary care and clinical support.
- 4.2 Acute and community hospital providers have been engaged in the design of the model.
- 4.3 West Sussex Covid Silver has approved the model.
- 4.4 The CEO of the Sussex Health and Care Partnership has approved the model and costings.
- 4.5 Cabinet member for Adults and Health has been briefed.
- 4.6 County Council communications team have been involved in the project.
- 4.7 Reading Borough Council delivered a very similar model earlier in the pandemic and Council officers have met with them to understand the model.

## 5 Finance

- 5.1 Revenue consequences
- 5.2 All cost to be reclaimed from the CCG based on actual expenditure. The figures below are estimated maximum amounts, assuming full occupancy of the available capacity on a continuous basis. In addition, the CCG will sign an indemnity agreement, so that the County Council is protected from any additional financial liabilities that may arise during the period of the operation of the contract.

Cost of contract	Current Year 2020/21 £ <b>790,755.70</b>	Year 2 2021/22 £ 747,497.56 (subject to further	Year 3 2022/23 £ N/A	Year 4 2023/24 £ N/A
		funding agreement and extension to arrangements if needed)		
Amount payable by the CCG	-790,755.70	-747,497.56		
Cost to the County Council	Nil	Nil		

# (a) How the cost represents good value

The model will expedite hospital discharge contributing to the system response to the pandemic by enabling additional acute and community hospital capacity to support those who require medical care including critical care.

## (b) Future savings/efficiencies being delivered

This is a short-term response to the Covid pandemic

# (c) Human Resources, IT and Assets Impact

- 5.4 There is a need to support the Care Hotel with linked social workers who will come from the relevant locality teams.
- 5.5 All other care will be provided by the contracted live in care provider.
- 5.6 The linked social workers will require secure Wifi access whilst working within the hotels to access MOSAIC and Council systems. This will be managed through RET supplying secure mobile Wifi devices.
- 5.7 The council will purchase equipment to support the care of people in the hotel. This will be through usual contractual routes and will remain the property of the Council at the end of the period of use in the hotel.

# 6 Risk implications and mitigations

Risk	Mitigating Action (in place or planned)
Risk of lack of use and voids	Full costs will be underwritten by CCG and reclaimed through NHS hospital discharge pathways
Reputational risk should there be any incidents	Ensuring clinical and primary care oversight and council management. Pathways for referral will ensure only those whose needs can be met in this model will be accepted. The care provider will have appropriate CQC registration and insurances as will the hotel. Liability will sit with the CCG as the funder of the service

## 7 Policy alignment and compliance

- 7.1 This aligns with the national Hospital discharge guidance.
- 7.2 There is the risk that the Council could be subject to a legal challenge by other providers in the market for making a direct award to the care provider and the hotels. A separate Standing Order 12 waiver has been drafted to request authority to proceed with the contract award under Regulation 32 of the Public Contracts Regulations which provides that in limited circumstances listed in regulation 32 of the PCR 2015, the Council may dispense with a Contract Notice and engage in negotiations with a single supplier under the negotiated procedure. It is deemed that this falls within the remit of a SO12 request.

- 7.3 The Council will enter into a services contract with the care provider using terms and conditions, approved by Commercial Legal Services and compliant with section 10 of the Council's Standing Orders on Procurement and Contracts. The Council will also enter into a property lease agreement with the hotel provider.
- 7.4 The funding and potential liabilities and financial risks will be covered within the existing s75 Agreement between the Council and the CCGs.

Keith Hinkley **Executive Director Adults and Health** 

Contact Officer: Alison Nuttall, Commissioning Lead

Alison.nuttall@westsussex.gov.uk

Tel 03302 225936

**Appendices** None

**Background papers** None