

Report to Cabinet Member for Adults Services

September 2021

Seasonal Commissioning of Care Provision 18 month plan– Sept 2021 – March 2023

Report by Head of Commissioning

Electoral divisions: all

Summary

West Sussex County Council and system partners are developing an 18 month plan to support the health and social care system to manage additional demand during pressured periods. The Council is looking to commission services to support acute general hospital discharge and additional pressures in health and social care over this period. Commencing with a focus on pressures over Winter 2021/22, a proportion of the initial 6 months plan (£1.3m) is proposed to be funded through Council held resources. Initiatives include the extension of existing contracts as well as newly commissioned provision and include a mixture of care to be provided within a person's own home as well as short stay beds within residential, nursing and extra care services. Commissioned provision will then have potential opportunities to extend beyond this coming winter to cover the financial year 2022/23 flexing the scale and volume of provision up and down as the demand across the system requires.

There is also a planning process for the management of mental health hospital discharge and flow which is being overseen by the mental health collaborative programme and therefore the costs and specific arrangements for Winter 21/22 and beyond for mental health are being managed separately to the plans and costs outlined in this report.

Recommendations

The Cabinet Member for Adults Services is asked to approve;

- (1) the commencement of procurement arrangements for additional care provision to enable the health and social care system to meet demand initially over winter 21/22 and with the potential to extend procured provision until the end of March 2023; and
- (2) the commitment of £1.3m of Winter Pressures Grant for the remainder of 21/22 to support additional capacity being procured; and to
- (3) delegate authority to the Executive Director Adults and Health to extend existing contracts and award contracts for newly commissioned provision as may be required to meet the proposals detailed in the report.

Proposal

1 Background and context

- 1.1 The health and social care system historically experiences increased pressures during winter months as extreme weather and the prevalence of illnesses such as flu increase. The impact and continued prevalence of Covid19 is anticipated to create an additional pressure again this year. The Council is therefore working closely with the NHS to ensure that a robust plan is in place to commission provision when and where required to support the additional demands.
- 1.2 The health and social care partners across the Integrated Care System and at a place level in West Sussex, Brighton and Hove and East Sussex are in the process of developing 18 month plans to support the commissioning and provision of services that will meet anticipated levels of demand during that time. Therefore this year's winter plan is extended to cover a longer period of time which will benefit the system by providing a clear indication of priorities, longer contract periods for providers, and opportunities to scale provision up and down to meet need.

2 Proposal details

- 2.1 The proposed commissioning arrangements for the 18 month plan include the following initiatives which are intended to complement and extend the availability of year-round provision of care services. This does not include the initiatives to support discharge from mental health hospitals which are being planned as part of the mental health collaborative programme and managed separately to this report but are anticipated to support sustainability during the winter.
- 2.2 This is a system wide plan, part of the cost of which will be met by the Council and part by the Clinical Commissioning Group (CCG). Some of these will require additional services to be commissioned, others will be delivered through existing contractual arrangements:
 - Hospital Discharge Care Provision (a key part of the Home First pathway). This includes extension to the provision of core services already block contracted as well as additional blocks of care provision to be procured from the Council's contracted domiciliary care providers.
 - Domiciliary Care Rounds: block contracts to provide domiciliary care in small geographic areas. Focused primarily on people requiring long term care and supporting people to be discharged from the Home First pathway where longer term care is required. These have the potential to help reduce admissions to hospital as well as providing a consistent process flow for individuals ceasing their Hospital Discharge Care provision.
 - Block Residential and Nursing beds: block contracts to provide residential beds for customers with dementia and/or nursing needs. Focused primarily on people requiring a short-term bed following a discharge from hospital whilst awaiting a social care assessment to determine any long-term needs which will then be met across usual contracted provision.

- Discharge to Assess with Reablement beds: block contracts to provide short-term residential beds for customers with reablement needs. This will include beds within a residential, nursing and extra care environment which will be used as appropriate depending on the individual's presenting level of need and focused primarily on people being discharged from hospital with reablement needs to support them to regain skills and independence.
- Assessment and admission projects within Shaw healthcare residential services to support swift admission into care homes to support hospital discharge.

2.3 In addition the 18 month plan is expected to include a contingency so that the system can adapt to the requirements during pressured periods. This could include consideration of provision for isolation, additional beds or care provision beyond that commissioned or for any other purpose to support the system in times of escalation.

2.4 As winter 21/22 approaches commissioners have also identified the potential to work with the Voluntary and Community sector 'take home and settle' and 'home from hospital' services which provide valuable support for people with lower level needs returning home after a hospital stay. This will include directing the services to the parts of the system where they will provide most benefit and working alongside the established hospital discharge pathways. These services are already exploring adapting a base to support customers being discharged from Community Reablement Beds provided by Sussex Community NHS Foundation Trust.

3 Other options considered (and reasons for not proposing)

3.1 The options identified include a range of services and solutions to support the additional capacity required to manage increased demand over the 18 month period. Whilst the Council could just focus options on spot purchasing from existing contract frameworks, it is possible that this would not provide the market with sufficient assurance to invest in additional staffing and would not give the health and social care system the assurance of having capacity available as demand increases.

3.2 The option to consider short term arrangements just for winter 21/22 was considered but is not recommended as it would reduce opportunities for efficiencies through longer term arrangements and is not a good fit with the wider strategic planning over the next 18 months.

4 Consultation, engagement and advice

4.1 Extensive consultation with the CCG has been undertaken through established forums including the Joint Commissioning Strategy Group. An 18 month planning group was established with commissioners and providers across the sector to develop and agree the content of the plan. The plan is anticipated to be signed off at a Chief Executive Officer level across the health and social care partner organisations.

5 Finance

5.1 Revenue consequences

5.2 The proposals for the 18 month plan for block purchased commissioned provision as outlined above are subject to continuing discussion between the

Council and the CCG, both around the level of spending and the funding split. Consequently this will require another decision to be taken once it is known to be affordable, which will be after the budget for 2022/23 is agreed. By that time there will also be greater clarity about the outcome of the bid that the system will be submitting for its wider financial plan which incorporates infrastructure costs, spot purchasing and health commissioned initiatives. The system is in the process of submitting the financial information to seek approval for the funding.

- 5.3 Contracts will only be entered into on a scale or volume equivalent to the available and committed funding. The Council will look to enter into a Section 75 variation for the funding which is committed to providers through this plan for any aspect which does not come from Council held funds.
- 5.4 Alongside the 18 month plan indicative costs above and winter costs below there is a planning element for mental health hospital discharge and flow which will be funded separately and overseen by the mental health collaborative programme.
- 5.5 The immediate decision is around the winter 21/22 period, for which the cost is estimated at £2.5m. The Council's contribution to this will be £1.3m which is proposed to be funded from the Winter Pressures Grant. This will cover contributions towards domiciliary care rounds, residential beds, reablement with D2A services and Hospital Discharge Core contracts. Contracts will not be awarded until the CCG has confirmed that it will provide the remaining £1.2m. In order to minimise administration, consideration will be given to the party best placed to hold the contract. This will result in some contracts being let by the Council and others by the CCG. Where contracts held by the Council require the CCG to make a contribution, this will involve a recharge to the CCG and therefore a Section 75 variation to commit the funding.

	Current Year 2021/22
Cost of proposals for which approval is being sought	£1.3m
Winter Pressures Grant funding allocation	£1.3m

5.4 The effect of the proposal:

(a) **How the cost represents good value**

Where there are no current contracts in place, each initiative will be subject to a process to ensure that the costs represent best value. This will include seeking interest from the market and a competitive exercise to determine the most economically advantageous tender or quote. Where current contracts are in place and have been assessed to represent good value from previously completed tendering exercises the Council will work with these providers to ensure delivery of the additionality over the winter months.

(b) **Future savings/efficiencies being delivered**

The discharge to assess pathways associated with hospital discharge provide an assessment outside of the acute hospital environment. This enables more informed assessments to be undertaken and consideration of ability to return or remain at home. Although the primary focus of the 18-month plan will be around maintaining hospital bed availability, this presents a potential efficiency to social care in the potential reduction of longer-term services.

(c) **Human Resources, IT and Assets Impact**

Not applicable

6 Risk implications and mitigations

Risk	Mitigating Action (in place or planned)
Insufficient service provided for winter or pressured periods	Consider contract arrangements with potential to increase and scale up during the winter months as required. Extend block hours as required to provide additional assurance.
Provision is unable to support Covid19 positive residents	Work with the market to understand how customers can be supported in a range of covid19 situations. Utilise Public Health guidance on Infection Control.
Funding is not forthcoming from partners	Joint working with the CCG to support the commitment of funding. Commissioned provision to be reduced if funding is not available. Extension periods built in dependent on funding available. Variation of section 75 to reduce risk to Council funding.

7 Policy alignment and compliance

- 7.1 The proposals are in line with the Hospital Discharge Service Guidance.
- 7.2 The proposals have been presented to the County Council’s procurement board for approval and developed with advice from the Council’s legal and procurement services in order to ensure compliance with Procurement regulations and with Standing Orders. These are services defined as ‘Light Touch’ under the Public Contracts Regulations 2015 and as such these services will be procured in accordance with the procedures set out in PCR. The Council will enter into a services contract using terms and conditions, approved by Commercial Legal Services and compliant with section 10 of the Council’s Standing Orders on Procurement and Contracts.

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Appendices None

Background papers None