

Report to Director of Adults and Health

June 2022

Hospital Discharge Care Commissioning July 2022 to March 2023

Report by Head of Commissioning (Older People)

Electoral divisions: all

Summary

Key decision report [AS02 21/22](#) sets out the plans over winter 21/22 for the council to commission services to support hospital discharge and additional pressures in health and social care, commencing with an initial term up to 31 March 22 (along with key decision for approval to award contracts in the report: [OKD27 \(21/22\)](#)). Initiatives included a mixture of care to be provided within a person's own home as well as short stay beds within residential and nursing care settings. Subsequently in March 2022 the report [OKD61\(21/22\)](#) was published confirming plans to extend the majority of these arrangements until 30 June 2022.

Since the last report, the Integrated Care System (ICS) partners have been working together to develop a plan for hospital discharge arrangements. In the interim partners have identified funding for the second quarter of the financial year 22/23 and a transition plan to support the delivery of services whilst the longer term arrangements are developed. In order to support this transition plan, the proposal is to extend home first care services and commission additional provision where available whilst the council's commissioned block provision for seasonal pressures in residential services scales down and comes to an end for the current time.

Recommendations

The Director of Adults and Health is asked to approve;

- (1) The extension of 11 home first contracts from 1 July 2022 until 31 March 2023 in line with the terms within the contract (or a shorter period as funding is committed and allows) for a maximum projected cumulative cost of circa £740k
- (2) Procure additional home first care contracts where available, from 1 July 2022 until 31 March 2023 (or a shorter period as funding is committed and allows) for a maximum projected cost of £2.2m
- (3) Vary the core hospital discharge care contracts in Southern and Western areas from 1 July 2022 until 31 March 2023 to extend the hours delivered under the block (or a shorter period as funding is committed and allows) for a maximum projected cost of £205k

- (4) Extend the residential beds block contracts where extension is an option under the contract terms and conditions until 31 March 2023 whilst scaling down to zero the number of beds, keeping the contract live as a contingency measure. Maximum cost if all beds were used throughout the period of £1.3m.
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Proposal

1 Background and context

- 1.1 The health and social care system historically experiences increased demand for services during seasonal pressure periods, especially during winter months as extreme weather and the prevalence of illnesses such as flu increases. Additionally, the Covid-19 pandemic has created additional pressure across the health and social care system which continues to be felt.
- 1.2 In 2021 health and social care partners in West Sussex developed 18 month plans to support the commissioning and provision of services that will meet anticipated levels of demand during that time. Initial funding was confirmed until 31 March 2022. Subsequently the ICS partners committed a further 3 months funding until 30 June 2022 whilst a review of the discharge arrangements was undertaken to enable the short term continuation of services.
- 1.3 The ICS partners have since been working together to develop a longer term plan and model for hospital discharge which is consistent across the ICS area (including Brighton and Hove, East Sussex and West Sussex) and commenced planning for developing the model. In the interim, funding has been identified and confirmed for quarter two of the financial year 22/23 initially, for the system to support hospital discharge whilst the longer term arrangements are developed.

2 Proposal details

- 2.1 The Council commissioned 11 block hospital discharge domiciliary care contracts over the winter months as covered within the previous decision [OKD61 \(21/22\)](#). These contracts have the option to be extended until 31 March 2023 in 6 monthly increments. With committed funding from the ICS partners, the proposal is to extend these contracts for quarter 2 (the second part of the current six month extension increment) until 30 September 2022, and should the funding be committed for longer, to extend again until 31 March 2023. The maximum cost being an estimated £740k up until 31 March 2023 (£246k for quarter 2).
- 2.2 Services will be extended where they represent good value for money, are in areas which have shown demand for the type of service commissioned, and where the Service Provider agrees to continue with the arrangements. Extensions will be at the discretion of the Council, dependent on funding confirmation from the ICS partners and with agreement with the Service Provider.
- 2.3 Previously the hospital discharge care contracts which run until 31 March 2023 have been varied to extend the number of block hours. The proposal is to further vary this contract in the Southern and Western areas in line with current

levels of hours provided for the period for which funding is available (up until a maximum of 31 March 2023). The maximum cost being an estimated £205k until 31 March 2023 (£68k for quarter 2.)

- 2.4 In light of continued demand for home first and the challenges spot purchasing provision, the system will look to commission additional home first care block services through a tender process for a maximum value of £2.2m between 1 July 2022 and 31 March 2023 (£757k per quarter). It is anticipated that due to capacity within the market the council will not be able to secure the full volume of hours to eliminate the need to spot purchase entirely but an increase in block hours is anticipated to support patients to discharge home with support quicker than would otherwise be possible.
- 2.5 Previous decisions have covered the commissioning of residential beds and domiciliary care rounds. The proposed approach for domiciliary care rounds from 1 July 2022 is to focus them on capacity needed over the summer holidays for residents who have been assessed as having long term care needs. As a result and given the funding for these being under the value for key decision and though adult social care budgets, the decision has been taken as part of business as usual through the Adults Leadership Team to extend current contracts for that purpose and to procure additional short term rounds to support throughout the summer holidays. This is not therefore included within the recommendations of this report.
- 2.6 In addition, previously the Council has commissioned residential beds to support system pressures. With a focus on home first wherever possible, with the majority of beds having been spot purchased and with a reduction in funding available, the proposal is to cease the residential block beds. This will involve reducing the contracts to zero beds on the 1 July 2022 but extending the contract mechanism in order that should these be required in winter, and where demand and capacity allows, they could be increased as appropriate as a contingency. If the beds were scaled up throughout the period 1 July 22 to 30 Mar 2023 the total cost would equate to an estimated £1.3m. However, the beds may not be scaled up at all and therefore would incur no spend. Whilst the maximum level of provision and cost is not expected to be required throughout, the contracts will remain live (where providers are willing to extend) for the purposes of contingency. For those contracts without the mechanism to extend, these contracts will come to an end on 30 June 2022, with remaining customers in residence at that time being funded through a spot purchase through the health system in accordance with agreements for funding customers discharged from hospital up until that date.

3 Other options considered (and reasons for not proposing)

- 3.1 The option to allow all contracts to cease and not seek to replace them has not been proposed due to the continuing demand for hospital discharge services. Additionally, the pressures and challenges being faced by the market make it unlikely that spot purchased services alone would suffice.
- 3.2 Continuing the block residential contracts and utilising domiciliary care rounds for hospital discharge were options considered. However, to make most efficient use of available funding and direct services according to priority focus these have not been proposed.

4 Consultation, engagement and advice

- 4.1 The council has worked closely with the Clinical Commissioning Group (CCG) and the ICS partners, including acute and community trust providers, to develop the proposals.
- 4.2 Plans have been approved by the Council's Commercial Panel prior to decision.

5 Finance

- 5.1 Revenue consequences:
- 5.2 Contracts will only be entered into on a scale or volume equivalent to the available and committed funding from the CCG and or ICS.
- 5.3 The decision is for the July 2022 to March 2023 period, for which the cost is estimated at £3.14m (excluding the spend on residential beds if the decision is taken to scale these up). However commitments to contracts will only be made for the amount committed by the ICS and hence initially may include spend of up to £1.07m until 30 September 2022. A further variation to the Section 75 agreement will be made to ensure that the council is able to recover costs in full from the CCG (to become the ICS during the period).

	Quarter 2 (July – Sept 2022)	Current Year 2022/23
Cost of proposals for which approval is being sought	£1.07m	£3.14m
CCG/ICS funding	£1.07m	£3.14m
Cost to County Council	Nil	Nil

- 5.4 In addition retaining the residential block contracts as live contracts (albeit scaled to zero) would equate to a maximum cost of £1.3m from 1 July 2022 to 30 Mar 2023. Whilst this level of spend is not expected to be required, and the funding source would need to be identified, this is included as a maximum potential cost in order that the contracts can remain as a contingency should they be required over winter and should funding be identified.
- 5.5 The effect of the proposal:

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

Where current contracts are in place and are continuing at the same cost the council will work with these providers to ensure delivery of the additionality for the next 9 months at the same cost.

(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. This presents a potential efficiency to social care in the

potential reduction of longer-term services as well as money saved by more time-efficient discharges from hospitals.

(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 pressured periods	Planned procurement to extend the provision of blocks for Home First care provision.
Funding is not forthcoming from partners	Commissioned provision to be reduced if funding is not available. Extension periods are dependent on funding available. Variation of section 75 to enable costs to be recovered from the CCG/ICS.
Providers not wishing to extend their provision	Tender provision to cover those that current providers do not wish to continue.
Reduction in resources leads to impact on numbers of people medically ready for discharge that are awaiting a service or solution to support the discharge	The ICS partners are working together to mitigate this risk through for example consideration of ability to reduce timescales for assessment and procuring additional home first provision, and this work is ongoing to reduce the impact.

7 Policy alignment and compliance

- 7.1 The proposals have been approved by the County Council’s commercial panel and developed with advice from the Council’s legal and procurement services.
- 7.2 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 and ensure compliance with the Public Contracts Regulations 2015.

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Appendices None

Background papers None