

Wiltshire Council

Health Select Committee

3 March 2020

Intermediate Bed Procurement

Executive summary

This report provides a summary of progress in the recent procurement of intermediate care beds.

Proposal

That the committee notes progress made in the procurement of intermediate care beds.

Reason for proposal

To keep the Committee informed.

Author:

Contact details: James Corrigan, Better Care Programme Manager
Email: james.corrigan@wiltshire.gov.uk

Intermediate Care Bed Procurement

Purpose of report

1. This report provides an update on progress in the procurement of intermediate care beds.

Background

2. Intermediate Care Beds (ICBs) form part of the out-of-hospital pathway for both admission avoidance and discharge from acute and community hospital beds. In a geographically large county, such as Wiltshire, where distances can prove an impediment to efficient management of people in receipt of intermediate care in their own homes, ICBs are an important component in care pathways that ensure people can be supported to recover their independence following a crisis or a hospital stay and be helped to live in their own homes.
3. intermediate care beds (ICBs) support people who require bed-based (rather than home-based) care to either avoid a hospital admission (step-up) or to facilitate a timely and effective discharge from an acute hospital (step-down). The Wiltshire system has provided various numbers of these through the BCF over the past five years, currently having 65. ICBs support people to regain their independence and reduce their care needs in the medium term.
4. A recurring issue with ICBs has been that often they are not used for the intended purpose, accommodating either people who are not ready for intermediate care (to facilitate a discharge from hospital) or who have completed their period of intermediate care and are waiting for onward services (usually care packages or a residential placement).
5. It has been calculated that between 30% and 40% of beds at any one time are filled by people without appropriate needs. Not only is this preventing access to the beds for people who do need them but they are also more expensive as a class of bedded accommodation, so people in ICBs should really be in other types of accommodation instead.
6. The principal of system flow beds, which is part of the procurement, arose from the ICB review in Q3 of 2019/20, as this new class of bed could allow more people to use the ICBs appropriately. However, it was recognised that the system should not just look to commission another set of beds, not least because it should be reducing the number of beds already commissioned and supporting more people in their own homes.
7. Therefore, the procurement exercise specified that the 'system flow' beds should be created out of the ICBs and that commissioners should work with the new providers to deliver this model. This has the double benefit of creating a better patient flow model and sharing responsibility for the solution with providers, who had previously expressed their own concerns about the use of ICBs. Providers were aware of this requirement when tendering and the procurement exercise stipulated that this remodelling should be completed by the end of Q2 of 2020/21.
8. ICBs are funded through the Better Care Programme (BCP) and are provided in care homes across the County. The procurement provides for fifteen step-down beds in the north and east, fifteen in the west and twenty-five in the south,

where there is no community hospital that might otherwise support timely and effective discharges from hospital. There are additionally ten step-up beds in the south to support medical and clinical services to care for people in crisis and who need a short-term period of bed-based care to prevent an unplanned hospital admission.

9. The previous contracts with care homes had been three-year contracts that had been twice extended within the terms of the procurement to last a total of five years. No further extension was possible to these contracts, so a review of need was undertaken in Q2 of 2019/20. The new contracts will last for three years with the option to extend for a further two years.
10. The approach of a dual ICB and system-flow model was approved by the Council's Cabinet and the CCG's Clinical Executive Committee in November 2019 and a procurement exercise commenced accordingly that ran between 6 December 2019 and 20 January 2020, during which there was a positive interaction with potential bidders through the formal procurement channels.
11. Following the close of tenders, a formal, structured evaluation process adhering to procurement regulations took place and final submissions were confirmed by the beginning of February.
12. Successful bidders will be informed shortly, following which there will be a formal 'stand still' period of a fortnight. It is not anticipated that there will be any issues with the new contracts commencing, as planned on 1 April 2020. There will be a ramping down period for current providers who have been unsuccessful in the tendering process and a ramping up period for new providers. The 'ramping down' period will last as long as there are people still in existing ICBs at 31 March 2020.
13. Cabinet agreed delegated authority to the Director of Commissioning, after consultation with the Cabinet member for Adult Social Care, Public Health and Public Protection, the Director of Legal, Electoral and Registration Services and Chief Finance Officer/Section 151 Officer to approve the execution of the new contracts in consultation with the Cabinet Member for Adult Social care, Public Health and Public Protection.

Main considerations for the committee

14. This update is for note only.

Environmental impact of the proposal

15. There are unlikely to be any changes to environmental impact as a result of these new contracts being let.

Equality and diversity impact of the proposal

16. The procurement and implementation of these contracts meets all relevant legislation, regulation and local policy in respect of equality and diversity.

Risk assessment

17. There are no significant risks related to this update report.

Financial implications

18. The financial implications of the tender exercise will be reported to Cabinet in March 2020.

Legal implications

19. There are no legal implications related to this update report.

Options considered

20. Options considered during the tender evaluation will be reported to Cabinet in March 2020.

Conclusion

21. The Committee is requested to note progress made.

Background papers: None.

Appendices: None