

Wiltshire Council

Cabinet

14 December 2021

Subject: Home from Hospital

Cabinet Member: Councillor Jane Davies – Cabinet Member for Adult Social Care, SEND, Transition and Inclusion

Key Decision: Key

Executive Summary

1. This report makes proposals to support the tender and award of a new contract for a hospital discharge service.
2. The service responds to evidence which demonstrates that Wiltshire has a clear need for a non-personal care hospital discharge service, to effectively support its pressurised health and social care sector. In response to the COVID pandemic, hospitals have been continually challenged to discharge patients in as timely a manner as possible and this situation is not likely to improve in the near future.
3. The current service is provided under a contract with Age UK. It plays a key role in implementing an effective discharge support mechanism, ensuring patients who need little or no support at home (this is called pathway 0) can be discharged in a timely manner. Additional low-level support to patients who need care support at home (known as pathway 1 discharges) enables resources to be more appropriately used. A new service will also look at non-personal care support needed to prevent admissions to hospital.
4. These services are commissioned under the Better Care Fund as part of integrated commissioning arrangements with the NHS, through Bath & North East Somerset, Swindon & Wiltshire Clinical Commissioning Group (BSW CCG).
5. An extension to the existing contract was put in place until 31 March 2022, to support the delivery of a new tender. It has not been possible to deliver the new tender by 31 March 2022 due to challenges in recruiting to the new roles which has delayed the design of a new service. A gap in service would have a detrimental impact on the support people get when they are discharged. It is therefore proposed that an extension is supported for a 3-month period to 30 June 2022.
6. This report's proposals support a project timeline which enable officers to fully engage with the provider market ahead of the procurement on the scope and criteria for the tender.

Proposal(s)

This report requests Cabinet agree the following proposals:

- a. To support a three-month extension to existing contractual arrangements with Age UK through the Council's normal governance routes, with a revised expiry date of 30 June 2022
- b. Note the proposed governance arrangements with BSW CCG in section 3 of the report
- c. That officers continue to undertake the tender programme, award and implement a new contract for a new Home from Hospital (HfH) service for a new contract to start on 1st July 2022
- d. Delegate authority to award a new contract and all associated documents to the Director of Procurement and Commissioning, in consultation with Director of Locality Commissioning for BSW CCG (Wiltshire Team), the Corporate Director for Resources and the Cabinet Member for Adult Social Care, SEND, Transition and Inclusion and the Cabinet Member for Finance & Procurement, Commissioning, IT, Digital and Commercialisation

Reason for Proposal(s)

1. These proposals will improve the outcome of the tender process and value for money delivered through the new contract
2. These proposals support evidence that Wiltshire requires a non-personal care hospital discharge support service to effectively respond to avoidable hospital admissions and delayed discharges. The proposal will reduce the pressures on the health and social care sector. The Council is currently having to purchase homecare when non personal care support is required, because there is no alternative.

Terence Herbert
Chief Executive

Wiltshire Council

Cabinet

14 December 2021

Subject: Home from Hospital

Cabinet Member: Councillor Jane Davies – Cabinet Member for Adult Social Care, SEND, Transition and Inclusion

Key Decision: Key

1. Purpose of Report

- 1.1 This report makes proposals to Cabinet which support the successful tender and contract award for a new Home from Hospital service (HfH).
- 1.2 The resulting contract will deliver services commissioned under the Better Care Fund (BCF) and within scope of Section 75 (S75) arrangements between Wiltshire Council and the NHS, through Bath & North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BWS CCG). Therefore, the report includes proposals on the governance arrangements to ensure clear and timely decision making between the organisations.
- 1.3 This report makes the following proposals to Cabinet:
 - a) To support a three-month extension to existing contractual arrangements with Age UK through the Council's normal governance routes, with a revised expiry date of 30 June 2022
 - b) Note the proposed governance arrangements with BSW CCG in section 3 of the report
 - c) That officers continue to undertake the tender programme, award and implement a new contract for a new Home from Hospital (HfH) service for a new contract to start on 1st July 2022
 - d) Delegate authority to award a new contract and all associated documents to the Director of Procurement and Commissioning, in consultation with Director of Locality Commissioning for BSW CCG (Wiltshire Team), the Corporate Director for Resources and the Cabinet Member for Adult Social Care, SEND, Transition and Inclusion and the Cabinet Member for Finance & Procurement, Commissioning, IT, Digital and Commercialisation

2. Relevance to the Council's Business Plan

- 2.1 This report aligns with Council's emerging Business Plan:

- Thriving Economy – This tender will support the voluntary and community sector, while supporting the Council’s requirement to deliver best value.
 - Decisions that are evidence based – These proposals will be informed by analysis of demand and best practice in other Local Authority areas.
- 2.2 HfH has a key role in implementing an effective hospital discharge support mechanism, ensuring patients can be discharged in a timely manner. This is one way in which to reduce the pressure on the health and social care system and support residents’ wellbeing.
- 2.3 Additionally, using integrated health and social care arrangements (Better Care Fund and S.75) more effectively manages demand on the local health and care system.
- 2.4 Through its lower-level interventions, this proposal supports individuals to become empowered and upskilled, taking responsibility for their own wellbeing, leading to Wiltshire residents being able to live independently for longer within their own homes.

3. Background

- 3.1 The Council has commissioned the HfH service jointly with the BSW CCG since May 2018. The service is funded via the Better Care Fund (BCF), with the current service contract due to expire on 31 March 2022.
- 3.2 On 27 October 2021 Locality Commissioning Group (LCG), a meeting of senior leaders from across the Council and BSW CCG, agreed that the Council on behalf of the health and care system should tender for an HfH-type service, with a new contract becoming operational on 1 July 2022.
- 3.3 The current HfH service supports individuals from the age of 60+ to regain their confidence and independence following a hospital stay. It is available to those being discharged from Wiltshire’s three acute hospitals - RUH (Bath), GWH (Swindon) and SFT (Salisbury), as well as in three community hospitals – Chippenham, Savernake and Warminster.
- 3.4 The service provides non personal care support for up to a maximum of six weeks and typical tasks involve taking the customer to medical appointments, providing domestic support (e.g. cleaning) and helping with meal preparation. The ultimate aim of the service is to prevent hospital re-admission and delayed discharge and to connect individuals into their local community as far as possible, once the support period ends.
- 3.5 Customers discharged on either Pathway Zero or Pathway One can access the service. At the end of the support period, most individuals either have support from family or friends for or have no on-going support needs.
- 3.6 A comprehensive service review was carried out in November-December 2020 and considered the following:

- a) Review of current service provider's overall performance e.g.: demand and capacity
- b) Comparison with other similar services
- c) Identify the need within future discharge pathways, which have changed significantly throughout 2020 as other services have been commissioned
- d) Consideration of a whole county solution for Wiltshire and the feasibility of a Bath, Swindon and Wiltshire wide service

3.7 During this review, feedback from key stakeholders was that the service could better support people if its service parameters were widened. For example, if the service covered a seven-day period and was extended to those from the age of 18+. There was also an identified need for HfH to support individuals alongside Home First and Reablement; because if non personal care support such as meal preparation was provided by a voluntary sector service, therapists and rehabilitation support workers would have additional capacity, enabling them to support other discharges.

4 Main Considerations for the Council

4.1 Evidence shows that social isolation can contribute to individuals being admitted to hospital or needing to rely on formal care. Significantly, data from Wiltshire's Joint Strategic Needs Assessment (2017) identified that social isolation is a key risk factor for Wiltshire residents. Wiltshire is also a rural county with many 'hard-to-reach' areas, which can further compound pressure on care services and contribute to delays in the hospital discharge process.

4.2 We also know that Wiltshire has an ageing population and there is expected to be a 41% increase in over 65-year-olds between 2016-2030 (JSNA, 2017). Furthermore, the number of older people who live alone is expected to increase by 2040 (POPPI, 2020). As referenced in the paragraph above, social isolation can be a key determinant in an individual needing hospital treatment or formal care.

4.3 The national picture also evidences the need for a service that effectively supports the hospital discharge process. For example, nationally there are four hospital discharge pathways:

- Pathway Zero: no new or additional support required
- Pathway One: new, additional or re-started package of support from health or social care
- Pathway Two: recovery, rehabilitation, assessment, care planning or short-term intensive support in 24-hour bed-based setting, before returning home
- Pathway Three: bed-based, 24-hour care (e.g.: care home)
(NHS England, 2021)

4.4 The Government have set the following hospital targets for the above discharge pathways. This sets out how many hospital patients should be discharged on specific pathways:

- Pathway Zero: 50% of all patients

- Pathway One: 45% of all patients
- Pathway Two: 4% of all patients
- Pathway Three: 1% of all patients

(NHS England, 2021)

4.5 The current service supports customers from 60 years of age being discharged on either Pathway Zero or Pathway One. One of the aims with the tender is to widen the service to encompass all customers over the age of 18 years discharged on these pathways.

4.6 In light of the national and local data, there is a clear need in Wiltshire for an additional hospital discharge support service, which does not support formal care and is delivered by the voluntary and community sector. The vision for this future service is to capitalise on the following:

- Supporting patient flow across the health and social care system in Wiltshire
- Building stronger communities: by decreasing isolation and improving connectivity
- Supporting residents to become empowered to take responsibility for their own wellbeing

Cost

4.7 The total budget, including any optional extension period, is up to £1.9m over a five-year period. Please note the financial implications listed in paragraph 13.1 with respect to future projections.

Market Readiness

4.8 Officers will engage with VCS organisations to inform the design of the new service and assess market readiness.

Governance & Integrated Commissioning Arrangements

4.9 The Council is the lead commissioner for the HfH tender under section 75 arrangements with BSW CCG. The Section 75 Agreement sets out how the partner commissioners will work together to manage the contract and deal with any risks or liabilities during the lifetime of the contract.

4.10 Robust project management arrangements have been established, including a project group of officers from commissioning, corporate services and the CCG. A project oversight group is in place to review and advise on key actions, issues and risks and make decisions in relation to key project milestones, escalating to the Council's Director of Procurement and Commissioning and the CCG's Director of Locality Commissioning when needed. Progress will also be reported to the Locality Commissioning Group.

4.11 The resulting contract will be on Council terms and conditions and will include integrated monitoring and oversight of service delivery. While the contract award proposals will be made under the Council's democratic

processes, the agreement of BSW CCG will be sought through its Executive Board.

5 Overview and Scrutiny Engagement

5.1 A briefing on these proposals was undertaken on 23rd November 2021 for the Chairman and Vice-Chairmen of the Health Select Committee and the Chairman of the Financial Planning Task Group. There was support for the approach being taken.

6 Safeguarding Implications

6.1 One of the monthly metrics which the current service provider reports on is the number of safeguarding referrals that have been made by the provider. The future contract will also include provision for the provider to take an active role in being responsible for monitoring and raising any safeguarding issues to the appropriate agencies.

6.2 All system partners have a duty to safeguard their patients/customers and to prevent harm, or to provide support to those who have been harmed or are at risk of significant harm. This proposal provides a further opportunity for any safeguarding concerns to be identified and appropriate support put in place to protect the individual.

6.3 Current contract arrangements with the HfH provider contain robust safeguarding measures in line with Council policy. Contracts give clear direction on how and when to raise a safeguarding alert, to avoid any confusion about who will do this and/or assumptions that someone else will raise the alert.

7. Public Health Implications

7.1 This proposal is seen to improve the health of Wiltshire's population because it would actively help mitigate the risks associated with social isolation, something which is already an issue for Wiltshire residents and, according to population data, is expected to become increase in the future.

7.2 The support aspect of this proposed service will improve health and wellbeing, ensuring any reliance on formal care systems is effectively reduced. This approach better supports individual resilience as well as a pressurised health and social care sector.

7.4 The current service specification is underpinned by public health data and evidence. With relevant Key Performance Indicators, commissioners ensure the services being delivered are effective and efficient to meet the needs of the people of Wiltshire.

7.5 The extension of this contract would benefit the overall health and wellbeing outcomes of people, both in terms of service continuity and reducing the risk that their health and care outcomes could be compromised if the service was not in place.

8. Procurement Implications

Operation of the extension for the current contract

- 8.1 The Council, following its own internal governance routes, is seeking to operate a three-month extension with Age UK to support the procurement timeline.

Implications relating to the new procurement

- 8.2 The Council will follow a robust process in line with the PCR 2015 and owing the value of the resulting contract, the procurement will follow a full FTS (Find a Tender Service) process under the Light Touch Regime (LTR) (Reg 74 – 77).
- 8.3 The advertisement of the procurement opportunity should stimulate the market and will seek to invite competitive bids from all interested and capable operators of such services.

9. Equalities Impact of the Proposal

- 9.1 Metrics for the future service will ask the provider to report the number of referrals per age, gender and ethnicity and will be considered as part of the contract review process, so that appropriate actions plans could be implemented, should the service demonstrate any concerning trends around universal accessibility.
- 9.2 As this proposal does not represent a change in policy and because the risk rating score on the equalities risk matrix is below three for all areas concerned, an Equalities Impact Assessment is not required for this proposal.

10. Environmental and Climate Change Considerations

- 10.1 The tender evaluation criteria and contract terms and conditions will include provision on environmental and climate change impact, to ensure this is appropriately considered.

11. Risks that may arise if the proposed decision and related work is not taken

- 11.1 If the council does not procure a new service, this will reduce the commissioned support across the health and social care system for hospital discharges, increasing the reliance on already stretched health and social care teams. This is likely to lead to increased delayed discharges, which will increase the pressure on the system.

12. Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

- 12.1 There is a risk that the future service provider does not deliver the required service. As standard, the Council will monitor the provider's

performance through monthly contract monitoring meetings and monthly metric reports.

- 12.2 In the case of poor performance, the Council will always seek to work with the provider and relevant stakeholders to try and improve the service, however, as a last resort, the Council could employ contractual levers, should the provider's performance remain unsatisfactory. This could include issuing the provider with a default notice or ending the contract and re-tendering for the service with a new provider.

13. Financial Implications

- 13.1 The proposal is for the service to operate on a three-year contract with the provision to extend by up to a further two years. The current budget is approximately £390,000 for 2022/23, although the projected expenditure is estimated to be approximately £422,000. As with the previous contract, this service would be financed via the BCF, which is a pooled budget between the Council and CCG.

14. Legal Implications

- 14.1 Care will need to be taken to ensure the extension to the existing contract as well as the new procurement and contract are compliant with the PCR 2015 and any risk mitigation factors are considered and implemented, where appropriate. Legal advice and support has been provided and will continue to be provided on these matters.

15. Workforce Implications

- 15.1 These proposals relate to a continuation of current activity which is delivered through external suppliers. So, there is no direct impact on Council or CCG employed staff.

- 15.2 The current service provider employs the following:

Number of Posts	Job Title	Hours (per week)
1	Service Manager	18
4	Discharge Co-ordinator	94
2	Support Assistants	36
Variable – recruited based on service demand (0 hours contracts)	Support Assistants - linked to each acute hospital Support Assistants – linked to Pathway One customers	Minimum of 126

- 15.3 If the incumbent provider is not successful in the new tender then TUPE would apply. However, while the Council would be an interested

party, any transfer of staff would be a matter between the incumbent and new provider.

16.Options Considered

16.1 The following options have been considered:

Option A: Do not tender for a new service and make use of existing capacity among VCS partners	
Pros	Cons
<ul style="list-style-type: none"> • Council/CCG do not directly commission a service: savings achieved within the pooled budget for other activity 	<ul style="list-style-type: none"> • Reduction in support leading to delayed discharges and increased pressure on the care market • Engagement with system partners has identified a clear need for a service

Option B: Extend the contract with the current service provider and widen service specification, no tender required	
Pros	Cons
<ul style="list-style-type: none"> • Service continuity • Resources to support a tender not required 	<ul style="list-style-type: none"> • Council would be operating outside of Public Contract Regulations (PCR) if there is an extension with no tender • Does not provide voluntary and community sector organisations with the opportunity to bid for the contract

Option C: Extend current contract and tender for a new HfH-type service.	
Pros	Cons
<ul style="list-style-type: none"> • No gap in the discharge support service that system partners currently rely on • Evidence from population data, national best practice as well as a service review in 2020 and stakeholder engagement in 2021, identified that this service is required to best support Wiltshire's health and social care sector 	<ul style="list-style-type: none"> • Funding could be used to support system pressures identified elsewhere

16.2 Option C is seen as the preferred option because it best supports the health and social care sector in Wiltshire and will lead to the greatest

positive outcomes of all the options considered. Evidence shows that there is a clear need for a non personal care hospital discharge support service in Wiltshire. Providing this service will ensure that capacity is released for more formal care, specifically for Home First and Reablement, and this approach better supports the system holistically. The service will also provide assistance for those who do not have access to a support network in their community, consequently tackling social isolation as a secondary benefit of the service.

17. Recommendation

17.1 This report requests Cabinet agree the following proposals:

- a. To support a three-month extension to existing contractual arrangements with Age UK through the Council's normal governance routes, with a revised expiry date of 30 June 2022
- b. Note the proposed governance arrangements with BSW CCG in section 3 of the report
- c. That officers continue to undertake the tender programme, award and implement a new contract for a new Home from Hospital (HfH) service for a new contract to start on 1st July 2022
- d. Delegate authority to award a new contract and all associated documents to the Director of Procurement and Commissioning, in consultation with Director of Locality Commissioning for BSW CCG (Wiltshire Team), the Corporate Director for Resources and the Cabinet Member for Adult Social Care, SEND, Transition and Inclusion and the Cabinet Member for Finance & Procurement, Commissioning, IT, Digital and Commercialisation

Helen Jones – Director of Procurement and Commissioning

Report Author: Natalie Heritage, Senior Commissioner, 01225 718062 / Natalie.Heritage@wiltshire.gov.uk

24 November 2021

Appendices

Appendix 1 – Indicative Project Timeline

Background Papers - Nil

Appendix 1 - Indicative Project Timeline

Task Name	Date
Health Select Committee (informal briefing)	7 December 2021
Commercial Board	9 December 2021
Cabinet Meeting	14 December 2021
Procurement Evaluation Report - Stage 3 (Investment Decision) sign off	17 March 2022
Stakeholder Engagement	29 September 2021 – 29 October 2021
Market Engagement Session One	24 November 2021
Market Engagement Session Two	14 December 2021
Market Engagement	24 November 2021 – 14 December 2021
Tender Stage	17 Jan 2022 – 24 Feb 2022
Evaluate Selection Questionnaire	24 Feb 2022 – 25 Feb 2022
Tender Evaluation	26 Feb 2022 – 10 Mar 2022
Procurement Evaluation Report	11 Mar 2022 – 17 Mar 2022
Standstill Period	20 Mar 2022 – 30 Mar 2022
Mobilisation Period	01 Apr 2022 – 30 Jun 2022
New service start date	01 July 2022