

# **Wiltshire Council**

## **Cabinet**

**26 April 2022**

---

<b>Subject:</b>	<b>Integrated Urgent Care Review</b>
<b>Cabinet Member:</b>	<b>Cllr Jane Davies-Cabinet Member for Adult Social Care, SEND, Transition and Inclusion</b>
<b>Key Decision:</b>	<b>Key</b>

---

### **Executive Summary**

The LGA High Impact Change Model and Better Care Fund imperatives require the development of a sustainable model for integrated urgent care and rapid response in crisis in line with the NHS Long Term Plan and NHS operating framework 2020/21.

The model is required to be a form of community care that is available on the same day or within the 2-hour target for a person's assessed through an Integrated Urgent Care Clinical Assessment Service (CAS).

The aim of these services is to help to reduce unnecessary admissions to hospitals and residential care. The Council and BSW CCG have had an Urgent Care contract with Medvivo since April 2018. The total Contract value for the Council is £2,095,303 which is funded through the pooled Better Care Fund budget. The contract is held by the CCG, the co-ordinating commissioner, and not the Council.

Service	BCF lead commissioners	
	BSW CCG	Wiltshire Council
Access to Care	x	
Acute Trust Liaison	x	
Carers Emergency Card		x
Telecare Call Centre		x
Telecare Equipment		x
Urgent Care and Response at Home Service		x

The Council and BSW CCG have undertaken a review of Urgent Care services in Wiltshire due to the fact that the current contract expires in March 2023 with the provision to extend by a further 5 years. A decision to extend until 2028 needs to be made by 30 April 2022.

The review has identified the following:

- 1 For Urgent Care at Home and Telecare response, the service has good outcomes for the customers it is able to reach. Overall, it struggles to deliver maximum value for money due to the burden of its overhead costs and length of stay for 50% of the time over its commissioned 72 hrs. Provider audits show that it is not able to respond to on average 25% of referrals. This is in part due to a lack of capacity caused by lack of community health care or domiciliary care to hand off to. Much of the work is being picked up through Wiltshire Council's in-house Wiltshire Support at Home Service.
- 2 Telecare services are working well and exceed the activity of the contract.

### **Financial position**

The body of the report lays out in detail the costs of this service over the next 2 years. In summary, annual costs on Council services within the overall contract will increase from £2.095m to £2.439m, an increase of £0.344m or 16.4%. A significant proportion of the additional costs is in respect of corporate overheads (predominantly corporate salaries) and premises costs rather than inflationary or other pressures in delivering the services.

The costs are met from the Better Care Fund (BCF) so there is not a direct impact on Council budgets. However, the BCF has its own budgetary constraints and as such any pressure has to be met from reductions in other areas of the BCF which may impact on Council services.

The service does have a preventative impact on Adult Social Care expenditure, and as such it is a service that has value, but this does not of itself necessitate continuing to procure the service from the same provider via the current contract.

### **Contractual position**

The contract is due to expire on 31 March 2023. The contract includes a right for commissioners to extend for a further 5 years. In addition to the contract, in 2018 the Council agreed a Collaborative Commissioning Agreement and Financial Memorandum of Understanding with the CCG which sets out the responsibilities and liabilities of the commissioning bodies. Commissioners need to give notice by 30 April 2022 if a decision is made not to extend the contract for 5 years. If this decision is made, the contract will end on 31 March 2023, with no financial penalties.

If the CCG decides to extend the contract, but the Council decides to serve a notice of termination on some or all services to take effect from 31 March 2023 then the services will be removed from the contract on 31 March 2023 and there will be no termination or exit related costs payable.

If the CCG does not agree to a shorter extension and a termination notice is served at any other point in time, the Council would be liable any for additional costs the other commissioners may incur as result of the termination.

The options to the Council are:

1. Give notice on 30 April 2022 and seek to recommission parts of the service and/or bring some in-house. As the Council has not undertaken any market testing this is a high-risk strategy and the cost implications are unknown
2. Request that the CCG agree for the Council to extend for one year with no penalties thereafter if the CCG wishes to extend. This would enable the Council to undertake an options analysis
3. Extend for one year jointly with the CCG but also
  - negotiate down from 16% increase
  - Agree a clearer unit cost/ activity reporting

### **Proposal(s)**

Cabinet is recommended to:

- Agree that the Council extends for 1 year (until April 2024) jointly with the CCG in addition to negotiating the price with Medvivo. The CCG has agreed to this option and that both parties will work collaboratively to develop options for post April 2024
- Note that officers will bring a report to a future Cabinet meeting for agreement on a future service model

### **Reason for Proposal(s)**

The proposals are following a review of the Urgent Care services which were necessary to make a decision by the 30 April 2022 to establish if the contract would be extended for a further 5 years from April 2023 until March 2028.

**Terence Herbert  
Chief Executive**

**Subject:** **Integrated Urgent Care Better Care Fund Review**

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

**Key Decision:** **Key**

---

### **Purpose of Report**

The Council and BSW CCG has had an Urgent Care contract with Medvivo since April 2018. The contract value is £16,579,830 (the Council contribution is £2,095,303) which is funded through the pooled Better Care Fund budget. The BSW CCG holds the contract. The Council and CCG undertook a review to inform recommendations about the potential extension of the contract. A subsequent request by Medvivo for a 16.4% increase in the cost of the contract and the outcome of the review has bought into question the long-term sustainability and value for money of the contract. Additionally, the development of the Integrated Care System and new services such as Rapid Response and Wiltshire Support at Home requires the health and care system to now look at the future urgent care delivery model to ensure that it is fit for purpose and does not duplicate other services.

### **Relevance to the Council's Business Plan**

Urgent Care services support the business plan aim to enable people to remain independent of formal services and to live and age well in their own homes. By reviewing services in a timely way, the Council is able to make contracting decisions that deliver best value for money and ensure the right services are in place at the right time.

### **Background**

Since March 2020, the Wiltshire health and social care system has been operating within the context of the COVID 19 pandemic and the national DHSC emergency response.

The LGA High Impact Change Model and Better Care Fund imperatives require the development of a sustainable model for integrated urgent care and rapid response in crisis in line with the NHS Long Term Plan and NHS operating framework 2020/21.

The model is required to be a form of community care that is available on the same day or within the 2-hour target for people assessed through the Integrated Urgent Care Clinical Assessment Service (CAS).

Integrated urgent care provides short-term, rapid interventions to assess, plan and treat individuals and focuses on:

- Same day rapid response to sudden deteriorations, carer breakdown, symptom control making sure the individual is assessed, safe and receives support at home or in community settings to prevent further escalation or hospital admission
- Same day response to people who have called 999 or attended Urgent Emergency Care settings, but who are assessed to be best managed at home

- Responding to people assessed to require the 2-hour waiting time standard at home or UEC settings
- Reablement / Intermediate care within two days of referral

The aim of these services is to help to reduce unnecessary admissions to hospitals and residential care.

### **Outcome of the Review –Council funded service performance**

#### **Urgent Care at Home (UC@H)**

UC@H provides a physical responder and/or domiciliary care at the point of crisis. Responder and care visits should be delivered 24 hours a day, 7 days a week and be available on a continuous basis for up to 72 hours after the first support is delivered.

The service supports carers who may have reached a point of crisis or may be at risk of reaching a point of crisis. A physical responder or UC@H support enables carers to take time out from their role and reduces the likelihood of carer breakdown.

The indicative activity plan for UC@H from the specification is 729 total referrals per annum. In 2020-21 there were 827.

In the Year 4 report submitted to commissioners, the provider anticipates 13,500 units of activity which includes:

- UC@H (based on referrals + days duration on the service)
- Telecare Responses (based on counts of the records of each ‘vehicle’ attendance)
- Out Of Hours Responses
- Ambulance Lift and Assist

In relation to UC@H, one unit of referral can equate to a range of resource input: anything from one to four times daily visits to 24/7 support. Importantly, the service was initially commissioned to avoid acute hospital admission, so it is not comparable to standard domiciliary care.

#### **Operating model**

Medvivo's single point of access (Access to Care (AtC)) deploys the UC@H team. The responders actively support people in the period immediately after referral whilst the AtC's multidisciplinary clinical team seeks to identify the most suitable care pathway for the individual. AtC clinicians coordinate the UC@H team's response and oversee levels of support to 'hold' the person in the community until standard care can commence. Although commissioned only to provide 72hours support, the service frequently manages very complex people for much longer. This mix of dedicated, on-the-ground support and centralised clinical oversight not only means that increased risk can be managed appropriately in the community but also provides an effective and efficient system that avoids inappropriate admissions and expedites hospital discharges.

UC@H operates on a 24-hour basis, and response times, when there is capacity to accept referrals, are within 2 hours. The service is specified to support referred situations for 72 hours.

The overall outcomes for the people seen are good with 381 admissions potentially avoided between April and September 2021. The benefits are:

- Reduced adverse impact on customers from a hospital stay (preventing escalation to increased social care provision)

- Increased opportunity for reablement at home and delay in requirement of long term package of care or placement
- Support for carer breakdown enabling support to come into the home to prevent further ASC long term support

In terms of efficiency, the service is unable to manage its length of stay activity. This is not solely the responsibility of the provider as reduced capacity elsewhere in the health and care system can impact on the timeliness of transitions. The service is not case managed, it does not offer therapy, social work or ongoing nursing assessment. The responders are not trained in reablement. Additionally, there are other ways of delivering domiciliary care support to people in crisis, for example through Home First services which incorporate rapid response domiciliary care. Models such as this allow for maximised use of workforce capacity, as well as less fragmented service delivery resulting in multiple transitions/hand offs.

### **Telecare Calls and Equipment**

The Telecare Call Centre service provides a 24/7/365 contact monitoring centre which makes the initial response to Telecare alerts (this includes assessment of the appropriate response) and in most cases this will be via the customer's named key holders. The call centre also makes agreed proactive contact with customers and will discuss and make assessments as to the most appropriate response required. The service forms a core part of the overall service provision to the people of Wiltshire, including those who do not have eligible care needs or are self-funders. It has an important role in enabling people to remain in their own homes, linking with the Help to Live at Home providers.

The Telecare Equipment service provides equipment and services to people to allow them to gain access to the services of the Telecare Call Centre. Telecare (and assistive technology) are valuable resources in enabling individuals to retain their independence. Delivery of Telecare equipment is available 7 days a week with planned deliveries and collections taking place Monday to Friday and urgent and/or emergency service provision only on Saturdays and Sundays. There is an out of hours repair and replacement (including emergency supply in certain circumstances) service for the whole county 7 days per week.

Performance in this service area is good. The target response is 93% answered within 45 mins, and this is exceeded month on month.

Onward referral following responder visit is very low, at an average 10%. This indicates that the service is highly effective at reducing hospital admissions and the requirement for escalation to adult social care. The service is able to offer diverse interventions to support its aim of reducing the need for hospital admission.

### **Carers Emergency Card**

The Carers Emergency Card service aims to give carers peace of mind in knowing that if, due to an emergency, they are unable to provide care to the person or people they usually care for, alternative care will be put in place. A Carers Emergency Card contains an emergency plan that is held on a data base accessible to the service provider's call handlers. The information held is updated as and when required by the service provider at the request of the carer, ensuring that information relating to contact details, deceased notifications or de-registrations from the scheme are kept up to date.

Carers, or another person on their behalf, can use the service if the carer is unable to provide care for the person(s) they usually care for, and need to initiate their emergency plan. On receiving a call requesting the emergency response the service provider will follow the process for emergency alerts. If a carer calls but does not require an

emergency response, they will be signposted appropriately. Carer feedback on this service has been mixed.

### Contextual information

Following the review, Medvivo submitted a Change Control Request (CCR) for year 4 of their IUC contract to increase costs. This is the third year in which Medvivo have submitted such a request. Their current contract does not preclude requests, nor specifically back date these requests.

For the Council, three services (Emergency Card, Telecare Monitoring, Telecare equipment) have relatively low additional costs, however, UC@H would see an increase of approximately £216k (inclusive of VAT) if the uplift request is accepted. Medvivo has requested that this cost is backdated to April 2021.

The majority of these additional costs for the response service are from an increase in corporate overheads. A review of these overheads show that they by and large relate to corporate salaries and premises rental. The CCG and Council are in negotiation on this but remain in dispute with the provider.

Further to this development, Medvivo have set out their Y5 position. It sets out an increase of £344k per annum for the Council from Year 3. Y4 is subject to a contract control notice and is not included below.

Service	Y3	Y5	Variance (increase)
Urgent Care	£1,573,343	£1,883,474	£310,131
Telecare Monitoring	£303,668	£323,669	£20,001
Telecare Equipment	£217,918	£231,306	£13,378
Carers Emergency Care card	£364	£467	£103
Totals	£2,095,293	£2,438,916	£343,613

### Main Considerations for the Council

The review looked at the following options:

Option number	Description	Benefit	Risks
1	Continue to commission on same basis and extend the contract by 1 year with the CCG and review the future model	Provides continuity of service whilst future options are developed by the Council and CCG  Does not commit the Council to a five-year funding term	Current exit pathways compromise capacity -30% of referrals are unmet and therefore 999 or picked up by brokerage and also WSAH  No integration with reablement/Home First resulting

		Will allow sufficient time to consider the contract as part of a wider strategic approach to community health services in the light of the emerging Integrated Care System and Alliance	in continuation of transitions/handoffs
2	Give notice and undertake a competitive tender for all services	Potential to integrate with other services delivering personal care	Complexity of separating Council elements from entire contract  Until the market is tested cost is unknown  Potentially will have the same number of handoffs
3	Give notice and recommission some services e.g. Telecare and bring domiciliary care in house	Telecare services can be recommissioned with multiple providers in the market currently, allowing for more innovative approaches  Potential to integrate with Wiltshire Support at Home, reducing hand off and potentially improving value for money	Complexity of separating Council elements from entire BSW contract  Loss of clinical triage support and ambulance lift and support  There needs to be price modelling to test whether this is affordable

### **Overview and Scrutiny Engagement**

The review was included within the BCF plan 21/22 presented to Health Select and Health & Wellbeing Board.

### **Equalities Impact of the Proposal**

An Equality Impact Assessment was not undertaken by BSW CCG as the lead commissioners of this contract to review the potential impact on: (1) the suppliers of the service provision who currently support people referred to IUC services; and (2) to evaluate the potential impact on those people currently receiving a service.

We have reviewed an assessment of Medvivo's 111 service which identified a positive impact on the nine protected characteristic groups. The service is offered to all individuals regardless of their personal and social circumstances. We believe there is no risk to equality of access in the IUC service.

### **Environmental and Climate Change Considerations**

The CCG is the lead commissioner for this contact. In the event that the Council decides to not extend and commission its own provision, an assessment against the Wiltshire Council climate strategy would be completed and an action plan for mitigations agreed.

If the contract is extended with the CCG, officers will request the provider to assess their carbon footprint from their utility bills, and in addition , in the commissioning process for the next contract, a requirement of the supplier to work towards our 2030 carbon neutral target will be included.

### **Risks that may arise if the proposed decision and related work is not taken**

Post-pandemic, the state of the market is uncertain. Both parties need sufficient time to understand and evaluate alternative providers.

The costs of recommissioning are at this stage unknown.

Extending for five years will commit the Council to an unaffordable contract.

### **Risks**

The risk to the Council of the recommendation is that negotiations with Medvivo for the price of Year 5 are still ongoing. Extending for only a year may not incentivise the provider to agree to the reduction of overheads

### **Financial Implications**

In summary, annual costs on Council services within the overall contract will increase from £2.095m to £2.439m, an increase of £0.344m, or 16.4%. A significant proportion of the additional costs are in respect of corporate overheads (predominantly corporate salaries) and premises costs rather than inflationary or other pressures in delivering the services, although it is noted that in common with many health and social care providers insurance costs have also risen considerably

The costs are met from the Better Care Fund (BCF) so there is not a direct impact on Council budgets. However, the BCF has its own budgetary constraints and as such any pressure has to be met from reductions in other areas of the BCF which could impact on Council services.

The service does have a preventative impact on Adult Social Care expenditure, and as such it is a service that has value, but this does not of itself necessitate continuing to procure the service from the same provider via the current contract.

### **Legal Implications**

The contract is due to expire 31 March 2023. The contract includes a right for all commissioners to extend the contract. There is also a right for any commissioner to give 12 months' notice to terminate any services under the contract at any time (although this incurs financial penalties). In addition to the contract, the Council agreed a Collaborative Commissioning Agreement and Financial MoU with the other Commissioners which sets out the responsibilities and liabilities of the Commissioners.

Commissioners are working towards making a decision before 30 April 2022. If notice were to be served if a decision is made not to extend the contract for 5 years, the contract will end on 31 March 2023 with no financial penalties. If the CCG decides to extend the contract, but the Council decides to serve a notice of termination on some or all Services to take effect from 31 March 2023 then the services will be removed from the contract on 31 March 2023 and there will be no termination or exit related costs payable. If a termination notice is served at any other point in time without the

agreement of the CCG, the Council would be liable any for additional costs the other commissioners may incur as result of the termination. The option to extend by one year is subject to the agreement of all commissioners and the Provider and the associated implications would need to be discussed and a variation to the Financial MOU may be required.

### **Workforce Implications**

None if recommendation to extend for one year.

### **Recommendations**

Cabinet is recommended to:

- Agree that the Council extends for 1 year (until April 2024) jointly with the CCG in addition to negotiating the price with Medvivo. The CCG has agreed to this option and that both parties will work collaboratively to develop options for post April 2024
- Note that officers will bring a report to a future Cabinet meeting for agreement on a future service model

---

### **Helen Jones (Director - Joint Commissioning)**

Report Author: Melanie Nicolaou, Head of Resources Commissioning

Date of report March 2022

### **Background Papers**

None