

Wiltshire Council

Cabinet

19 November 2019

Subject: Intermediate Care Bed Service

Cabinet Member: Councillor Laura Mayes Cabinet Member for Adult Social care, Public Health and Public Protection

Key Decision: Key

Executive Summary

This report recommends the procurement of intermediate care (IC) beds within the overall redesign of Wiltshire's intermediate care services. It details progress in the review of IC services and explains how analysis has shown that many people remain in IC beds beyond the maximum optimum time.

A case-by-case review has built a comprehensive picture of the many reasons for higher-than-expected lengths of stay. It is identified that some people currently in IC beds do need to be in bedded accommodation but not necessarily in the costlier, therapy- and reablement-intensive IC beds. The review is exploring how many IC bed places are needed within the system for pure IC needs and how many people could be placed in a new category of 'system flow' beds instead.

The analysis demonstrates the importance of understanding the demand and capacity of the different categories of bed-based accommodation and ensuring that any service specification is based on the correct balance of necessary provision. Failure to model the provision of IC beds appropriately will result in people waiting for services in beds procured for a different purpose with a potential impact on the overall cost-effectiveness of services.

Although the full review of the process is underway, this cannot be achieved within the procurement timescale, i.e. the need for the new contract to be in place by April 2020. Consequently, the option that delivers the least risk to patient safety and provides most stability to the system is the procurement of the same number of beds as in the current contract with an expectation that successful providers will be expected to work across the system to evolve use of the beds based on the principle of IC beds being used only by people with relevant needs. The proposed contract mechanism will enable commissioners to work with providers to use the beds flexibly when the need is more clearly understood and to ensure that the system can be developed for people with other bed-based needs.

The recommendation is therefore that the new contracts should be for three years (with an option to extend for a further two years) and that it will be written into the contract that providers will support the development of the new system, as well as continuing to deliver the required beds within it, as this is an

approach that providers have supported for many years. A new end-to-end process and system would be expected to be in place before Q3 of 2020/21 in time for winter 2020/21.

The provision in the current contracts that the number of intermediate care beds could be varied with six weeks' notice would be carried over into the new procurement, although this would be expanded in scope to include the development of system flow beds in the place of intermediate care beds.

Proposal(s)

It is recommended that Cabinet:

1. Approves that officers develop a varied short-term bedded accommodation environment of intermediate care and system flow beds.
2. Approves the procurement of intermediate care beds on a three-year contract term (with the option of a two-year extension period) with a view to implementing the new contract in time for commencement in Q1 of 2020/21. The procurement will stipulate that providers will be proactive in supporting the development of the new varied, short-term bedded environment by Q3 of 2020/21, as well as continuing to deliver the required beds within it.
3. Approves delegated authority for Helen Jones, Director of Joint Commissioning, in consultation with Cabinet member for Adult Social Care, Public Health and Public Protection, the Director of Legal, Electoral and Registration Services and Interim Director, Finance and Procurement to approve the execution of new contracts for Intermediate Care Bed Services on behalf of Wiltshire Council.

Reason for Proposal(s)

The current contracts that end on 31 March 2020 have been extended twice as an exemption and may not be extended further. It is therefore essential that procurement begins within an appropriate timescale to implement the new service from 1 April 2020.

This approach represents a new way of working to develop flexible and deliverable processes that ensure patient flow is improved through all bedded accommodation.

Dr Carlton Brand

Executive Director

Wiltshire Council

Cabinet

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Purpose of Report

1. This paper outlines progress made in completing a review of intermediate care (IC) bed capacity and recommends a model for the specification of a new service from April 2020.

Relevance to the Council's Business Plan

2. The Wiltshire Council Business Plan 2017-2027 makes a commitment to maximising the number of people able to remain living at home and reducing the number of people who are permanently admitted to a care home.

Background

3. IC is a short-term, time-restricted, goal-based period of care that calls on a mixture of health and social care interventions to support people to maximise their potential to live as independently as possible. As the name suggests, it operates between independent living or long-term care and acute care. It can be used to prevent an avoidable admission to acute care or as a step down between acute care and returning home.
4. The standard, accepted timescale for a package of IC is up to six weeks or 42 days of care with specific, achievable goals. In reality, an episode of IC should last for a much shorter period than this. Currently, 65 beds are commissioned from care home providers across the county: 55 as step down beds from acute care and ten that can be used to prevent an avoidable admission to acute care. There is provision to commission an additional five beds as spot purchases but this is very rarely required.
 - Step-up beds are used by GPs, who feel that a short-term period of intensive IC would be appropriate to help someone in a crisis to recover their independence. People in step-up beds tend to stay there for a maximum of a fortnight and usually only a few days.
 - Step-down beds are accessed following a stay in an acute hospital. They are used to support a patient's clinical rehabilitation for a maximum of 42 days, as well as helping them to manage more effectively with everyday living to increase their chances of living

independently for longer and to reduce any continuing care they require.

5. IC beds and the support for people in them are funded through the Better Care Fund (BCF) and, as part of this year's Better Care Programme (BCP) across the Council, the CCG and providers, it has been agreed that the review of these beds should be a component of a wider review of IC, the objectives of which are to review the individual IC BCP schemes against the following criteria:
 - To identify whether the agreed schemes are delivering effective and efficient solutions for the people of Wiltshire, and value-for-money for the overall health and social care environment.
 - To recommend alternative schemes if required following analysis of the existing schemes.
 - To develop and confirm effective performance reporting from the schemes.
6. Importantly, the review also incorporates the specific objective about the procurement and provision of the IC beds from April 2020.

Main Considerations for the Council

7. The overall picture of IC beds across Wiltshire is complex. In the north and west of the county, the CCG commissions 21 beds in Savernake and Warminster hospitals. Council IC occupational therapists support patients in these beds.
8. Sixty-five IC beds are currently commissioned by the Council from the larger care homes. They are supported by Wiltshire Health and Care (WHC) for rehabilitation purposes and by Council occupational therapists to support reablement goals.
9. A review of IC bed provision and usage in 2018/19 has been undertaken to further validate an earlier review completed by Glenesk consultancy in 2018. Both reviews examined whether people referred to IC beds were appropriately referred and whether the outcomes of those patients were correct after going through a period of IC.
10. In 2018/19, there were a total of 280 step up (5,630 bed days) and 1,179 step-down (24,668 bed days) admissions across all IC beds in Wiltshire.
11. Analysis showed that around a third of people were staying beyond the maximum optimum time of 42-days and the average length of stay was close to that value for both step-up and step-down facilities.
12. Further detailed analysis, much of which has been conducted on a case-by-case basis, has built a more comprehensive picture of people passing through IC beds to understand the reasons behind the higher-than-expected lengths of stay.
13. Working with providers, findings show that some people are occupying the beds before they are always ready for a period of IC and, more significantly, in terms of inappropriate bed stays after their goals have been achieved. There are many reasons for this and these include people waiting for packages of care or other longer-term care support.

14. It is clear from the work completed that the Council and CCG should ensure that IC beds are used for their commissioned purpose. Nevertheless, there are people currently in IC beds who need to be in bedded accommodation but not in the costlier, therapy- and reablement-intensive IC beds. The review has used detailed data and case analysis to try and identify:
 - How many council-funded bed places are needed within the system for pure intermediate care.
 - How the Council can commission more cost-effective alternatives for those people requiring bedded accommodation but not in an IC environment.
15. The model being proposed is to commission the same number of beds as currently commissioned to support people whether they have either genuine IC needs or other needs that should be supported by a more general 'system flow' provision. Examples of people who might require the latter, non-IC beds include those who are:
 - Recovering from a period of acute care who will be appropriate for IC later, e.g. people who cannot support their full body weight, are recovering from an illness or who are suffering from a short-term episode of confusion.
 - Discharged from acute care and require further assessment for social care needs but are not suitable for IC (this is an extension of the 'discharge to assess' scheme currently being piloted).
 - Waiting for a package of care or a home adaptation following a period of intermediate care.
 - Waiting for a suitable placement in a residential or nursing home following a period of IC and would otherwise be considered for a temporary placement.
16. It is important for the procurement process to understand demand and capacity of these different categories of bedded accommodation and to ensure that any service specification is based on the correct balance of necessary provision. Failure to model the provision of IC beds appropriately will result in people waiting for services in beds procured for a different purpose with a potential impact on the overall cost-effectiveness of Council services.
17. In developing this model, it became clear that there were many challenges across the entire intermediate care pathway, including access criteria, hand-offs and discharges, as well as improvements needed in the management of processes where people are being admitted to - or not being discharged from - appropriate services.
18. Continuing to procure beds and services 'as is' will not deliver change to a system that should work more effectively. However, the lack of clarity over the processes means it is difficult to agree any meaningful change to the format of the procurement without a review of the end-to-end pathway. Failure to understand the challenges across multiple providers would mean none of the challenges was addressed and the problems with the existing system would not be resolved.

19. While a full review of the pathway is essential, this cannot be achieved within the procurement timescale, i.e. the need for the new contract to be in place by April 2020. Consequently, the option that delivers the least risk to patient safety and provides most stability to the system is the procurement of the same number of beds as in the current contract while being clear that successful providers will be expected to work across the system to evolve use of the beds based on the principle of IC beds being used only by people with relevant needs.
20. This approach will enable commissioners to work with providers to use the beds flexibly when the need is more clearly understood and to ensure that the system can be developed for people with other bed-based needs. The contract will require providers to support the development of the new system, as well as continuing to deliver the required beds within it. This is an approach that providers have championed for many years.
21. A new end-to-end pathway would need to be in place before Q3 of 2020/21 in time for winter 2020/21. The provision in the current contracts that the number of intermediate care beds could be varied with six weeks' notice would be carried over into the new procurement, although this would be expanded in scope to include the development of system flow beds in the place of intermediate care beds.
22. This approach would represent a new way of working with intermediate care beds not just being a step on a pathway but being a change component within the overall system. Providers would work within the system to develop flexible and deliverable processes that ensured patient flow was improved through all bedded accommodation.

Overview and Scrutiny Engagement

23. The IC and bed provision was an area of focus for the Better Care Plan Task Group in 2018 and remains an area of interest for the Health Select Committee, which continues to review developments on this topic. A Rapid Scrutiny on this previous report took place on 8 November 2018.

Safeguarding Implications

24. Providers will be expected to fully comply with all legislative and best practice requirements around Safeguarding Adults for the term of the contract. This will include training staff in adult safeguarding and complying with policies and procedures as set by the Wiltshire Safeguarding Adults Board.

Public Health Implications

25. The aim of the service is to improve opportunities for people to remain independent and to live in their own homes for as long as possible. Extended stays in hospital lead to people experiencing a reduction in independence and requiring increased support on discharge or long-term placement.

Procurement Implications

26. The current contracts, which end on 31 March 2020, have been extended twice as an exemption and may not be extended further. It is therefore essential that a light touch regime procurement begins within an appropriate timescale to implement the new service from 1 April 2020. All

procurement documentation including the model, commercial approach and evaluation methodology must be ready before the ITT can be released. The following timescale is proposed:

- Commence procurement in November 2019 following decision by Cabinet.
- Confirm successful bidders by the end of February 2020.
- Implement new contract in March 2020.
- Go-live in April 2020.

Equalities Impact of the Proposal

27. An equalities impact assessment will be carried out as part of the commissioning process before the procurement process starts.
28. The specification for the service will state that providers must demonstrate use of local resources and provision of services which take account of customer's religion and culture.
29. The procurement process ensures that organisations entering into a contract with the Council must have their own policies and procedures in place to comply with the Equality Act 2010.

Environmental and Climate Change Considerations

30. There are no specific environmental or climate change considerations.

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

31. There are no specific risks attached to this report but, if Cabinet does not agree to commence a procurement process following the subsequent report, there will be a delay to the overall procurement of IC beds, which will have an impact on the continuation of IC services from April 2020, unless a further, short-term extension can be agreed to implement the new contractual arrangements.

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

32. If a new model is to be procured and implemented based on a mixture of IC and 'system flow' beds, there must be confidence that such a system is workable, particularly in respect of the commercial viability to providers of delivering such a model. There is also a risk to timescales if this is not determined sufficiently well and in time to produce mature procurement documents.

Financial Implications

33. The current distribution of IC beds is as follows:

Area	Step up	Step down
North	0	15
West	0	15
South	10	25
	10	55

34. The financial envelope, which is fully funded from the Better Care Fund, is £2.988m. This paper has no additional financial implications and is cost neutral.

Legal Implications

35. Local authorities must meet their duty of care to identify, assess and support people. The council must ensure that our population is provided with the most appropriate services which are value for money and provide effective, efficient support.
36. The proposed course of action is also consistent with the council's duty to secure "best value" under the Local Government Act 1999.

Workforce Implications

37. While initial discussions with providers regarding the new modelling has been extremely positive, concern has been expressed that there is a critical number of beds in any unit that specialist staff must support. Removing too many IC beds from a block could destabilise the provider's ability to provide such services. Consequently, solid modelling with providers is essential and this is included within the scope of the intermediate care review.
38. While existing contracts will not be affected, there is the opportunity to pilot some of the system flow principles within the current contracts during winter 2019/20 so that providers and commissioners can co-design and refine the ultimate model prior to go-live of the new services in April 2020.

Options Considered

39. The following options have been considered during the review:
- To extend the existing contract by a further year to enable further analysis of system flows. This was not considered a viable option due to the need to go to procurement.
 - To re-procure based on a similar specification to the current contract without the ability to change how the overall system works. This was not considered a viable option as it is very clear that change is needed within the system.
 - To redesign the service based on available, comprehensive system information to design a mixed system of IC and system flow beds. This is considered the most efficient and cost-effective model.

Conclusions

It is recommended that Cabinet:

Approves that officers develop a varied short-term bedded accommodation environment of intermediate care and system flow beds.

Approves the procurement of intermediate care beds on a three-year contract term (with the option of a two-year extension period) with a view to implementing the new contract in time for commencement in Q1 of 2020/21. The procurement will stipulate that providers will be proactive in supporting the development of the new varied, short-term bedded environment by Q3 of 2020/21, as well as continuing to deliver the required beds within it.

Approves delegated authority for Helen Jones, Director of Joint Commissioning, in consultation with Cabinet member for Adult Social Care, Public Health and Public Protection, the Director of Legal, Electoral and Registration Services and Interim Director, Finance and Procurement to approve the execution of new contracts for Intermediate Care Bed Services on behalf of Wiltshire Council.

Helen Jones (Director - Joint Commissioning)

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Appendices

None.

Background Papers

The following documents have been relied on in the preparation of this report:

Existing contracts.

Project documentation as part of demand and capacity review for intermediate care services (Pathway 2).