

Report of Deputy Director

Report to Director of Adults and Health

Date: 12 December 2018

Subject: Request to approve a contract variation in accordance with Contracts Procedure Rules (CPR) 21.7 to the Externally Commissioned Community Home care Service contract scheme ID: 9TNT-3CP110

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. A proposal has been made to pilot a rapid response home care service delivered by the primary home care providers of the existing community home care contract to relieve winter pressures on hospital beds and facilitate timely discharge.
2. The service will run from January 2019 for a period of six months with an option to extend for a further six months.
3. The funding has been made available from the Adults and Health winter pressures monies and will be approximately £492,965 for the six month period.

Recommendations

1. The Director of Adults and Health is recommended to approve the variation under CPR 21.7 to enable the 4 Primary home care providers in the geographical management areas as defined in the community home care service contract (REF 9TNT-3CP110) to undertake a rapid response home care pilot, for the period 1st January to the 30th June 2019, with one option to extend for a further period of six months. This will enable the organisations to deliver a Rapid Response Home Care Service designed to enable individuals to be safely and effectively discharged from hospital once they are deemed medically fit (within 24 hours). The aim of this service is to ease pressure points such as achieving timely hospital discharges, enabling individuals to be cared for efficiently in the comfort of their own home, and to be assessed appropriately to meet their long term care and support needs.
2. The contracts and commissioning team will be responsible for implementation of this decision by January 2019.

1. Purpose of this report

- 1.1 The purpose of this report is to seek approval from the Director of Adults and Health for the variation to the community home care contract to allow the four primary providers to deliver a rapid response service to ease winter pressures in hospitals.

2. Background information

- 2.1 The issues around delayed transfers of care are well documented and the winter months compound these issues with people staying in hospital longer than necessary due to difficulties in arranging appropriate care and support to enable timely discharge. This has a system wide negative impact but can also be detrimental to the individual involved and their carers as people are at greater risk of ill health e.g. hospital acquired infections and increased levels of dependency. This pilot would look to alleviate these issues by facilitating discharge with the appropriate support within 24hrs of someone being deemed medically fit to leave hospital. This is an invest to save model as the longer people stay in hospital the more likely it is that their needs will increase resulting in more intense and costly care and support packages.

3. Main issues

- 3.1 In order to ensure increased capacity during the winter months (2018/19) it is proposed that the Primary community home care providers will deliver a pilot for a new short term Rapid Response Team providing home care services across the City in each of the 6 Geographical Management areas. This is to be implemented as soon as possible and ideally be in place by early January 2019. This proposal has been developed and introduced in order to support hospital discharges (from Leeds and outer hospitals), community care bed

discharge and reablement throughput for individuals who require long term care and support in their own homes.

3.2 The services will be purchased in pre-determined block hours that will be consistently reviewed in line with need and service requirements; to allow the Rapid Response Teams to proactively recruit and offer staff guaranteed set weekly hours to ensure the service is fully covered and staff are on duty so there is capacity to deliver services within short timeframes. The optimisation of the teams resources and capacity to meet demand is key to the success of this pilot but providers must ensure the service does not get blocked and that throughput is maintained.

3.3 The key outcomes that will be achieved by the provision of this service are:

- Prevention of delayed transfers of care from Leeds and outer Leeds hospitals.
- Prevention of delayed transfer of care from Reablement Services
- In exceptional circumstances (such as Carer Breakdown) prevention of an avoidable hospital admittance or care home placement.

3.4 The Rapid Response Service will have access to a qualified Care Coordinator/Assessor whose function in part is to oversee this pilot project and who is able to arrange to visit the discharged person in their home or the hospital to undertake the assessment and put the service in place. The Primary provider responsible for their individual Rapid Response Team must ensure that the Coordinator is freed up when needed and can work weekends.

3.5 The service providers will have contingency plans in place and be rigorously monitored to ensure that they are compliant with the new legal obligation and meeting the required KPIs.

3.6 The table below identifies the average number of hours of outstanding care packages in each area:

Area	Hours	26 weeks
A and E	360	£146,481
D	240	£96,443
B and F	380	£154,282
C	120	£50,945

3.7 The identified hours of care required have been calculated using two data sources (outstanding ISA list and ISA's in and out). These lists identified the average weekly hours of care required (excluding community care) and the current backlog of outstanding weekly care hours required. Some assumptions have been made within each area calculation about the number

of staff that would be required to deliver some of these care packages e.g. where there may be a requirement for double up visits

- 3.8 Both sets of data showed an average package size of 15 hours. When comparing to the current ISA list (hospital related only), the average size of a single carer package is 10.6 hours and an average double carer package is 32.38 hours. The present outstanding backlog shows 16% of packages are double carers, 37% of required hours are for double packages.
- 3.9 It is worth noting the backlog in area A is 8 times the size (in terms of hours) that we would be predicting a need for per week – this is the North West of the city where a lack of capacity has contributed to a backlog over the course of the contract. All areas would require a higher level of capacity to take on the backlog than predicted weekly need with the exception of area D – South (CASA), but not to the same extent as area A.
- 3.10 Whilst the Rapid Response Team’s main priority will focus on supporting people who are in hospital and Service Users who are in Community care beds who have been assessed as fit to return home; together with people who have been receiving reablement services and will require long term care and support services to free up the capacity levels within the SKils Team. However if at any time throughout the trial period, the RR teams capacity levels exceed the demand and need for a rapid response service the rapid response service staff will be expected to be flexible and support individuals from the outstanding Community ISA list.

4. Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 The Executive Member for Health, Well-Being and Adults (inc. Sport) has been consulted about this proposal. Primary Providers have been consulted about this proposal.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 An Equality and Diversity Impact Assessment Screening tool has been undertaken and is attached at Appendix 1.

4.3 Council policies and the Best Council Plan

- 4.3.1 The proposals outlined in this report will help to deliver a number of crucial elements of the Adult Social Care ‘Better Lives’ strategy by helping local people with care and support needs to enjoy better lives. With a focus on: promoting choice, helping people to stay living at home, joining up health and social care services. These in turn support the ambition for Leeds to be the Best City in the country.

4.3.2 In addition the proposals will contribute to the achievement of the objectives set out in the city's Health and Well-Being plan: people will live full active and independent lives, people's quality of life will be improved by access to quality services, people will be involved in decisions made about them and the city's Priority Plan by contributing to the indicators for: best city for health and wellbeing, best city for business, best city for communities.

4.4 Resources and value for money

4.4.1 Provision for this pilot has been made available within the Adult Social Care winter pressures monies.

4.4.2 The costs of establishing the Rapid Response Services for each geographical area are:

Area	Hours	26 Weeks	Add 10% for Bank Holidays extra time
A and E	360	£146,481	£161,129
D	240	£96,433	£106,087
B and F	380	£154,282	£169,710
C	120	£50,945	£56,039
	Total:	£448,141	£492,965

4.4.3 This is an invest to save model, the longer people stay in hospital the more likely it is that their needs will increase resulting in more intense and costly care and support packages. Potential savings to the wider system will be monitored during the course of this pilot service.

4.4.4 Finance have confirmed that there is a budget available for this pilot service which will be paid monthly in advance.

4.5 Legal Implications, Access to Information and Call In

4.5.1 The decision highlighted in this report will be taken by the Director of Adult Social Services in line with the officer delegation scheme as detailed in Part 3 of the Council's Constitution.

4.5.2 Procurement and Commercial Services, legal officers have confirmed that there are clauses within the contracts with the contractors (Clauses C4.1 and Clause F3) which permit negotiations to occur regarding changes in the price or

services, provided any variations proposed are reasonable and do not materially change the specification.

4.5.3 Procurement and Commercial Services, legal officers have also advised that such changes as detailed in this report may comply with Regulation 72 (1) (c) of the Public Contracts Regulations 2015 where all of the following conditions have been fulfilled:-

(i) The need for modification has been brought about by circumstances which a diligent contracting authority would not have foreseen.

(ii) The modification does not alter the overall nature of the contract.

(iii) Any increase in price does not exceed 50% of the value of the original contract or framework agreement.

4.5.4 Procurement and Commercial Services, legal officers have also advised that if a variation is made pursuant to Regulation 72(1) (c) then care must be taken to ensure that the variation falls within (i), (ii) and (iii) set out in clause 4.5.3 above.

4.5.5 The conditions of clauses (i), (ii) and (iii) (as set out in Clause 4.5.3 above) have been considered as follows: (i) At the time of the procurement delayed transfers of care from hospitals were much reduced and it was anticipated that the new model of home care would eradicate some of the previous issues that providers had reported. However the new model of home care has not delivered as expected therefore this situation has deteriorated over the last two years and therefore it is a situation that has changed that the Council could not have diligently foreseen. (ii) This proposed variation does not alter the overall nature of the contracts – the service will be provided in the same way as procured. (iii) This variation will also not increase the price in excess of 50% of the value of the original contracts – the original contract value was £22.2m and the value of the proposed pilot is £492,965. However, it must be noted that there is a risk of these justifications being challenged.

4.5.6 Procurement and Commercial Services, legal officers, have further advised that if a variation is made pursuant to Regulation 72(1)(c) a notice must be published in OJEU alerting the market to the variation, so there is a possibility any variation entered into under this ground could be challenged.

4.5.7 This decision has been placed on the list of forthcoming key decisions and is subject to call-in. The report does not contain any exempt or confidential information.

4.6 Risk Management

4.6.1 There is a risk that if the services are not managed properly that throughput will not be maintained therefore officers from LCC will work very closely with the Service Providers to pre-empt any issues and if necessary work with other providers in the market place to facilitate throughput within this service.

5. Conclusions

5.1 This pilot will enable timely discharge from hospital or from a community care bed or reablement which will enable people to return to their own homes with

appropriate packages of care therefore ensuring optimum levels of independence and health and wellbeing in addition to easing pressures in the system.

6. Recommendations

- 6.1 The Director of Adults and Health is recommended to approve the variation under CPR 21.7 to enable the 4 Primary homecare providers in the geographical management areas as defined in the community homecare service contract (REF 9TNT-3CP110) to undertake a rapid response homecare pilot, for the period 1st January to the 30th June 2019, with one option to extend for a further period of six months. This will enable the organisations to deliver a Rapid Response Home Care Service designed to enable individuals to be safely and effectively discharged from hospital once they are deemed medically fit (within 24 hours). The aim of this service is to ease pressure points such as winter bed blocking, enabling individuals to be care for efficiently in the comfort of their own home, and to be assessed appropriately to meet their long term care and support needs.
- 6.2 The contracts and commissioning team will be responsible for the implementation of this decision by January 2019.

7 Background Documents ¹

None.

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works