

Record of Officer Decision

This form is the written record of a key or significant operational decision taken by an officer.

Decision type	<input checked="" type="checkbox"/> Key Decision	<input type="checkbox"/> Significant Operational Decision
Director¹	The Director of Adults and Health	
Contact person:	Michelle Atkinson Commissioning Programme Leader – Older People	Telephone number: 0113 378 3848
Subject²: (20 words only)	Approval to secure care home beds as part of Discharge to Assess provision to reduce Covid-19 winter pressures in acute hospital settings	
Decision details:	<p>In light of the COVID-19 pandemic this report has been approved, utilising the Special Urgency Provisions under Paragraph 2.6 of the Executive and Decision Making Procedure Rules, to secure additional care home bed capacity for a period of 6 months with one extension period of a further six months at an approximate value of £1,880,996.00 for the initial six month period (£3,762,200 full year effect). The additional beds secured will support the health and care system's Discharge to Assess (D2A) provisions to ensure timely discharge from acute settings for people that are medically fit for discharge but who might otherwise be delayed in hospital whilst an assessment is completed to determine their longer term needs. The provision will also help to reduce the impact of COVID-19 and seasonal winter pressures on the health and social care system. The full cost of this provision will be covered through NHS CCG COVID-19 funding.</p> <p>On 19 March 2020, Central Government published the guidance on COVID-19 Hospital Discharge Service Requirements. This places a duty on local authorities to assume lead commissioning and contracting responsibilities for "expanding the capacity in domiciliary care, care homes and reablement services in the local area".</p> <p>The guidance states that during the COVID-19 pandemic, individuals will not be able to wait in hospital until their choice of care home has a vacancy. People will be required to accept a care home placement on a short term basis until the care home of their choice is able to provide them with a bed. Additionally, some people are likely to only require a short term placement in a care home as a 'step down' from hospital until they are well enough to go back to their own home.</p> <p>In response to the national guidance, the Adults and Health Directorate's Integrated Commissioning staff are required to secure additional care home bed capacity on a short term basis for people who are ready to be discharged from hospital and who are awaiting an assessment, a home care package or a care home placement at a home of their choice. This capacity is to be sourced from a range of independent sector care homes and will include residential care and nursing care, including for people with dementia.</p>	

¹ With delegated authority set out in Constitution

² If the decision is key and has appeared on the list of forthcoming key decisions, the title of the decision should be the same as that used in the list

The initial arrangement in response to Government guidance was set in place on the 27th March 2020 (D50719) for the purchase of 60 beds for a period of 12 weeks via delegated decision. A subsequent delegated decision (D50774) was approved on the 14th April 2020 covering both the expansion of the engagement by up to an additional 60 beds as well as the extension of the original arrangement for a further 3 months. These arrangements came to an end during the first half of September, between the dates of the 8th and the 17th of the month.

A further Admin Decision was approved on 17 September to make a direct award under CPR 9.5 for the purchase of 34 Discharge To Assess (D2A) beds for a period of 28 days from 1st October running up to and including 28th October for a total of 34 beds. This has provided the time required to undertake a procurement to secure further bed capacity to cover the winter period.

Commissioning Officers are working with Procurement and Commercial Services to complete the procurement at the earliest possible date as the numbers of people awaiting discharge from hospital has started to rise. It is recognised that a prospective COVID-19 spike during the upcoming winter, in addition to existing winter pressures, could lead to insurmountable pressure on the local health and social care systems without an immediate response.

In accordance with the guidance on COVID-19 Hospital Discharge Service Requirements issued by Central Government on 19 March 2020, this provision is to be paid for from the NHS COVID-19 budget which is held by NHS Leeds CCG.

Previous reports relating to accessing care home beds for short term provision have noted that care homes are frequently reluctant to offer placements to people on a short term basis as this impacts on their income due to frequency of voids as a result of a high turnover of the residents. Under the proposals covered here care home providers will register the number of beds they are able to offer under each bed category, e.g residential, nursing or dementia. No payments will take place until the first admission to a bed, from which point the fee will be paid at the Council's agreed-fee rate for the duration of the bed occupation. A retainer fee of 50% of the Council's fee will then be paid for the period of time in which the bed is unused.

Finance-

The estimated cost for this provision is based on securing 50 Nursing dementia beds and 50 Residential dementia beds at the highest fee that the Council pays (QPP fee). However, the actual number of beds that will be required and be paid for will be determined by the level of demand during the winter period. At this time, it is anticipated that upto 100 beds may be required.

An annual cost could therefore be up to the sum of £3,762,200.

Risk-

Processes will be put in place to ensure that the services are provided in accordance with the specific requirements of supporting swift and prompt discharges from hospital. Commissioning officers will monitor the usage of the D2A beds to ensure that providers are able to deliver the service in accordance with the stipulated requirements and to ensure that voids are kept to a minimum. If any of the providers are unable to continue to deliver the provision, the arrangements will cease following due notice in accordance with the term of the agreement.

	<p>If this provision is not secured, there is a high risk that the Council fails to meet its legal obligations as set out in the national COVID-19 guidance in “expanding the capacity in domiciliary care, care homes and reablement services in the local area”.</p>
	<p>A brief statement of the reasons for the decision³</p> <p>We are once again beginning to see a rise in the number of Covid 19 cases and the numbers of people being admitted to hospital and subsequently requiring a care home placement. Any delay in sourcing this provision, including delays caused by completing the key decisions process and entering into a full procurement, will impact on the city's ability to manage immediate pressures arising from the increase in the numbers of people awaiting a hospital discharge.</p>
	<p>Brief details of any alternative options considered and rejected by the officer at the time of making the decision</p> <p>The precedent for the decision set out here was created during the first period of the pandemic, whereby additional capacity at care homes was sought to minimise the impact of COVID-19 on the health and social care system. This decision is looking to build upon that existing solution.</p>
Affected wards:	D2A beds will be available in a variety of locations across the city ensuring citizens in each ward have access to a care home bed.
Details of consultation undertaken⁴:	<p>Due to the nature and urgency of the decision, it has not been possible to undertake consultation and engagement with members of the public. However, during the original work to establish the D2A beds some communication was undertaken with care home providers and with third sector colleagues including Carers Leeds and Age UK to ensure their views are reflected in the commissioning arrangements and the processes that will be put in place to support the discharge arrangements.</p> <p>During the original work to establish the D2A beds consultation with care home providers and third sector colleagues was undertaken. However due to the urgency of securing additional capacity consultation and engagement with members of the public and ward councillors was not undertaken.</p> <p>Consulted Cllr Charlwood on 25/9/20 via Skype meeting.</p>
Implementation	<p>Officer accountable, and proposed timescales for implementation</p> <p>The accountable officer is the Commissioning Program Lead for Older People’s Services who will implement this contract as soon as the process has been concluded.</p>
List of	<p>Date Added to List:-</p> <p>Subjecting this decision to the key decisions process and entering into a full</p>

³ Include any significant financial, procurement, legal or equalities implications, having consulted with Finance, PACS, Legal, HR and/or Equality colleagues as appropriate.

⁴ Include details of any interest disclosed by an elected Member on consultation and the date of any relevant dispensation given.

Forthcoming Key Decisions⁵	<p>procurement would impact the city's ability to manage immediate pressures we may be facing from a rising number of cases of COVID-19 and impending winter pressures. Both of which require a robust and sustainable solution to ensure those particularly vulnerable to the impact of COVID-19 and winter flu season are protected from unnecessarily lengthy stays in acute settings which can often lead to worse health outcomes and higher mortality rates.</p>	
	<p>If Special Urgency or General Exception a brief statement of the reason why it is impracticable to delay the decision</p> <p>Given the rising number of COVID-19 cases it is essential to deliver a solution for the city's most vulnerable citizens and to ensure the wider health and social care system is supported at the earliest opportunity.</p> <p>Failure to do so may result in greater morbidity and mortality rates and insurmountable pressure on the city's hospitals and care homes during an already difficult period due to the winter flu season.</p>	
	<p>If Special Urgency Relevant Scrutiny Chair(s)</p> <p>Cllr Helen Hayden Chair of the Adults & Health & Active Lifestyles Scrutiny Board</p>	
	Signature 	Date 8/10/20
Call In	<p>Is the decision available⁶ for call-in?</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <p>If exempt from call-in, the reason why call-in would prejudice the interests of the council or the public:</p> <p>Making this decision subject to call in would require a 10 day period from authorisation before it can be actioned. The deputy director of Integrated Commissioning has requested this decision be available for procurement at the earliest possible convenience due to the rising number of COVID-19 cases. In order to meet this request it is necessary to make this decision exempt from call in.</p>	
Approval of Decision	<p>Authorised decision maker⁷</p> <p>Cath Roff, The Director of Adults & Health</p> <p>Signature </p>	
		Date 8/10/20

⁵ Complete this section for key decisions only

⁶ Significant operational decisions are never available for call in. Key decisions are always available for call in unless they have been exempted from call in.

⁷ Give the post title and name of the officer with appropriate delegated authority to take the decision.

