

## Record of Officer Decision D52501 Published 20.11.20

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

<b>Decision type</b>	<input checked="" type="checkbox"/> Key Decision <input type="checkbox"/> Significant Operational Decision	
<b>Director<sup>1</sup></b>	The Director of Adults and Health	
<b>Contact person:</b>	Mark Phillott Head of Commissioning (Contracts and Business Development)	Telephone number: 0113 378 3923
<b>Subject<sup>2</sup>: (20 words only)</b>	Approval to secure additional care home beds as part of Discharge to Assess provision to reduce Covid-19 winter pressures in acute hospital settings.	
<b>Decision details:</b>	<p>In light of the COVID-19 pandemic this report seeks authorisation, utilising the Special Urgency Provisions under Paragraph 2.6 of the Executive and Decision Making Procedure Rules, to secure a further 100 care home bed capacity (referenced as Phase 2), in addition to the 100 beds procured from 1 November 2020 under Phase 1. This will entail establishing a new framework agreement to increase capacity within the city. The additional beds required will continue to support the health and care system's Discharge to Assess (D2A) provisions to ensure timely discharge from acute settings for medically fit patients. The additional beds will also be available up to 31 March 2021 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 provision will 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. The necessity for this decision has come about due to the demand being presented and the lower than expected range of homes secured under the first procurement exercise (Phase 1).</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. These beds will again be</p>	

<sup>1</sup> With delegated authority set out in Constitution

<sup>2</sup> 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

managed through a framework agreement which will run up to 31 March 2021 with the option to extend for up to a further six months.

Commissioning officers undertook a procurement exercise (Phase 1) which resulted in the creation of the first framework agreement (delegated decision reference D52435) consisting of independent sector care home providers. The framework that will be established through this decision will operate in an identical two phase approach. During Part 1 of the process LCC will determine the number of beds available across the market with no commitment to purchasing any D2A beds at that point. During Part 2 the Council determine which providers and D2A beds to call-off from the framework agreement contract based on presented demand. This process is currently being directly managed through hospital social work teams as part of the placement process. In place of a full assessment a better conversations record and an order form is completed with the patient, the social worker forwards these to the nominated care home. These documents form the basis of the contract and will be the actual call-off.

Contract Procedure Rule 3.1.6 states that, 'unless expressly provided for in the original decision, a decision to place a call-off under a framework agreement will not be treated as consequential upon the decision to enter into the framework agreement and that a Delegated Decision based on the value (estimated if necessary) and impact of the procurement will be taken both at the point that a procurement route for a framework agreement is chosen and for each call-off (or linked bundle of call-offs)'. In line with this rule this report requests that the decision made allows for all future call-offs from the framework agreement to be approved at this point based on the expected value of any one call-off and are treated as direct consequential decisions of this 'umbrella' key decision. This is of particular importance in light of the number of call-offs that could be made and the time sensitive nature of these call-offs with regards to the effective management of hospital beds.

For context, the maximum value that a call-off from the framework agreement could be is approximately £11,036.00. This is calculated on the assumption of a bed at the Quality Premium Price (QPP) being activated and occupied for a six week period followed by a retention rate of 50% for the remainder of the agreement. In all probability the turnover of activated beds will be high and therefore the actual value of each call off more likely to be closer to the £3,354.00 to £3,738.00 costs of bed being active for six weeks. This is dependent on both the nature of the bed (residential or nursing) and the uplift or not of the QPP.

12 providers responded to the initial tender within the stated deadline under Phase 1 with a total of 171 beds being offered across 15 care homes. This limited number of responses reduces the range of choice that can be presented as well as it presenting a higher level of risk should any homes be subject to lockdowns due to any COVID positive outbreaks.

In the initial procurement exercise (Phase 1) permission was granted to utilise 100 beds only. This provision is likely to rapidly be utilised due to an increasing number of patients requiring immediate discharge from hospitals. Due to the potential for outbreaks at care homes and the need to offer greater choice with regards to locations it is necessary to ensure we have flexibility with the number of beds available for D2A.

Commissioning Officers will work with Procurement and Commercial Services to complete the procurement exercise requested in this report at the earliest possible date as the numbers of people awaiting discharge from hospital has started to significantly 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. This second framework will operate in the same manner as the initial framework agreement (detailed above) and all subsequent call offs from this framework will be managed through the hospital placement system. Award of places onto the framework **will be authorised as a significant operational decision pursuant to the authorisation requested**, as a direct consequence of this decision

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. Providers who were successful in the first procurement exercise will be advised not to apply again as Phase 2 will offer them the same opportunity over the equivalent time period. Commissioning Officers believe a further procurement exercise will attract additional providers and care home bed capacity following communication from care homes who missed the deadline for the first opportunity. Direct contact will be made with care homes across the city prior to the deadline for receipt of applications, encouraging them to participate in Phase 2, in order that there is increased interest in the opportunity among providers.

#### 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 up to 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.

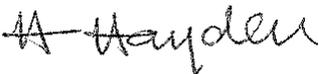
If this provision is not secured, there is a high risk that the Council fails to meet its legal obligations as set out in the national COVID-19 guidance in "expanding the capacity in domiciliary care, care homes and reablement services in the local area".

	<p>A brief statement of the reasons for the decision<sup>3</sup></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>
<b>Affected wards:</b>	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.
<b>Details of consultation undertaken<sup>4</sup>:</b>	<p>Executive Member</p> <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>The Executive Member for Adults, Health and Wellbeing has been briefed as of 18 November 2020.</p> <p>Ward Councillors</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>
<b>Implementation</b>	<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>
<b>List of Forthcoming Key Decisions<sup>5</sup></b>	<p>Date Added to List:-</p> <p>Subjecting this decision to the key decisions process and entering into a full 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</p>

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

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

<sup>5</sup> Complete this section for key decisions only

	<p>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><b>If Special Urgency or General Exception</b> 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><b>If Special Urgency</b> Relevant Scrutiny Chair(s)</p> <p>Cllr Helen Hayden Chair of the Adults, Health &amp; Active Lifestyles Scrutiny Board</p>	
	<p>Signature</p> 	<p>Date</p> <p>19.11.20</p>
<p><b>Call In</b></p>	<p>Is the decision available<sup>6</sup> for call-in? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>If exempt from call-in</b>, 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>	
<p><b>Approval of Decision</b></p>	<p>Authorised decision maker<sup>7</sup></p> <p>Cath Roff - Director of Adults &amp; Health</p> <p></p> <p>Date</p> <p>19.11.2020</p>	

<sup>6</sup> 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.

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