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Report of: *John Macilwraith – Executive Director of People Services*
Report to: *Leader of the Council*
Date of Decision: *11th November 2021*
Subject: *Procurement of community (care home) beds to support hospital discharge*

Is this a Key Decision? If Yes, reason Key Decision:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? <i>Health and Social Care</i>		
Which Scrutiny and Policy Development Committee does this relate to? <i>Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee</i>		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? 986		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below: <i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i>		

Purpose of Report:

To seek approval for the procurement of a number of care home beds (funded by Sheffield Teaching Hospitals Foundation Trust) to support hospital discharge.

Recommendation:

That the Leader of the Council:

- approves the procurement of contracts to a number of care home providers to provide up to 100 beds to support hospital discharge, as set out in this report.
- delegates to the Director of People Services (insofar as not already delegated), in consultation with the Director of Legal and Governance and the Director of Finance and Commercial Services, the award of the contracts and any other steps needed in order to undertake and implement this procurement.

Note: As the need for these beds is immediate the report is submitted under the Special Urgency Procedure and is removed from the Call-in Process.

Background Papers: N/A

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: <i>Liz Gough</i>
		Legal: <i>Tim Hoskin</i>
		Equalities: <i>Ed Sexton</i>
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	EMT member who approved submission:	<i>John Macilwraith</i>
3	Cabinet Member consulted:	<i>George Lindars-Hammond</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Joanne Knight</i>	Job Title: <i>Strategic Commissioning Manager</i>
	Date: <i>10th November 2021</i>	

1. PROPOSAL

1.1 It is proposed that up to 100 residential (including dementia) care home beds are procured to facilitate the discharge of people from hospital (further details in section 1.3). These will be funded by Sheffield Teaching Hospitals NHS Foundation Trust.

1.2 Current Position

1.2.1 The health and social care system in Sheffield is facing urgent challenges; rising admissions to hospital are causing a deteriorating and serious situation with a lack of bed capacity and as a result severe delayed discharge. The prediction is that this will only deteriorate over the winter months.

1.2.2 Whilst many of the beds are occupied by those with a clinical need, many of the capacity shortages can be attributed to the increasing numbers of people waiting in hospital for discharge home with a social care reablement or care package with an independent home care provider. This is something that would ordinarily be provided by the Local Authority. These people will be deemed medically fit for discharge home providing they can access care and support on discharge.

1.2.3 As of 5/11/2021 there 208¹ people awaiting discharge. Of these 127 (61%) were people currently waiting in hospital for discharge home with care or reablement/therapy.

1.2.4 The situation with lack of availability of home support in the independent sector is also one which is significant. This has been impacted by the increase in demand over the last 2/3 years, the full implementation of 'home first' principles during the pandemic and the increased acuity of individuals.

1.2.5 As a result, this has led to the need for more care workers to support individuals at a time when there is a continuing shortage of care workers in the home care sector.

1.2.6 These factors along with a lack of investment into social care is now starting to cause increased pressure on the system as a whole.

1.2.7 This is a local and national concern. There is a serious lack of homecare available and limited access to this from hospital. Whilst action is being taken to try and increase the capacity and support the workforce, this is unlikely to have a major impact on the delays in the short term or over the winter period.

¹ CCG information of 05/11/2021

- 1.2.8 The current situation in the in-house Short Term Intervention Team (STIT) reablement service (who provide a short term reablement service to facilitate independence) is that they are reaching capacity and their availability to take packages from hospital is limited. Work is ongoing to find alternative solutions but again this is unlikely to create capacity sufficient to deal with the immediate pressures.
- 1.2.9 The lack of available acute beds is such that people have been treated outside of hospital in waiting ambulances. We also know that people waiting in hospital to go home are more likely to deteriorate and decompensate, with the risk of infection increasing.
- 1.2.10 Although 'home first' remains our preferred approach, the situation is such that other urgent options are needed to relieve the pressure both in the short term and for any surge in demand for acute care that is likely to happen over the winter months.
- 1.2.11 A number of other options have already been tried including supporting independent home care providers with staffing, training and incentives, and supporting the in-house reablement service by developing an in-house enablement team, increasing reablement numbers and increasing support to carers so they can support individuals to go home.
- 1.2.12 However, despite best efforts these have not managed to provide the impact required, the risk of people staying in hospital and being subject to potential decompensation and infection remains a serious and real issue. However, discharging people without the relevant care and support is also a significant concern and safety risk.
- 1.2.13 The only viable option left is to consider alternative accommodation with care where people can stay for a short period of time pending availability of care at home. This is thought to be the "least – worst" (better than any alternative) option.
- 1.2.14 As of 28th October 2021, the bed capacity tracker indicated there were 618 care home beds available in the following numbers:
- General Residential – 212 vacancies
 - Dementia Residential – 157 vacancies
 - General Nursing – 151 vacancies
 - Dementia Nursing – 98 vacancies
- 1.2.15 There is therefore potential capacity available to undertake this procurement providing there is an appetite from the care home market to do this and there are sufficient staff in place. Early indications are that care homes would have sufficient staff to take on block contracts for beds dispersed across the city.

1.3 The Proposal

- 1.3.1 It is proposed that up to 100 beds are procured to support transfers from hospital into a temporary setting pending the availability of care at home.
- 1.3.2 These beds would be provided – procured and managed - by the Council. However, as the provision will facilitate hospital discharge, they will be funded by Sheffield Teaching Hospitals NHS Foundation Trust. This means that for the time individuals are supported in these beds they will not be charged a contribution towards their stay.
- 1.3.3 The beds would be predominantly residential care (including dementia where needed) as it is unlikely many of the people waiting need full nursing care at home which could not be undertaken by a district nursing service.

1.4 Commercial

- 1.4.1 This requirement constitutes a Social Services procurement and as such the service/s can be procured under the Light Touch Regime in accordance with regulation 74 of the Public Contracts Regulations (PCR) 2015. We intend to adopt a bespoke open tender process, in accordance with Council standing orders and fully compliant with PCR 2015.
- 1.4.2 The Council has existing commercial arrangements with the homes which can be called upon as demand dictates. However, to ensure adequate availability a block purchase service model will be adopted to secure the beds.
- 1.4.3 The beds would be procured initially for a period of 3 months with a potential to extend for a further 3 months to cover the winter period and would have an anticipated start date of 22/11/2021 or as soon as possible thereafter.
- 1.4.4 To ensure the supply is sufficient but to minimise the risk of voids (beds paid for but underutilised) it is proposed the procurement takes a staged approach, procuring approx. 40 beds by 22/11/2021, a further 40 by 6/12/2021 and the remaining 20 by 20/12/2021. These would all be subject to demand being identified during that period.
- 1.4.5 As part of the initial exploration of these proposals, some work has been undertaken with the care home market to identify the appetite in providing these short-term options. Short term support in care homes can be a different ask for providers than long term care, as additional staffing is often needed to ensure a smooth transfer into the home, the needs of individuals are quickly identified, and that onward transfer is smoothly and efficiently supported.
- 1.4.6 As a result of the discussion with approx. 30 providers in the market, all expressed the need for:

- Block contract (or guaranteed payment) arrangements, so the beds could be secured and made available without compromising risk to providers (e.g., holding beds when they could have taken a permanent placement)
- Robust processes and communication with individuals and families

1.4.7 This procurement will respond to those requests, and processes and wrap-around support are in the process of being developed across both the Council and with NHS colleagues.

1.4.8 The timescale for undertaking this procurement is as follows:

Task/Action	Date
Decision taken	12/11/2021
Procurement strategy/specification/T&Cs agreed	Week commencing 8/11/2021
Invitation sent to providers	12/11/2021
Deadline for applications	17/11/2021
Submissions evaluated	18/11/2021
Contracts awarded	19/11/2021
Commencement of contracts for 40 beds	22/11/2021
Commencement of contracts for 40 beds	6/12/2021
Commencement of contracts for 20 beds	20/12/2021

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 This proposal will support the Our Sheffield One Year Plan in the following way:

- Securing a future working relationship with the new NHS structures, founded in our vision to deliver excellent health and care services in communities across Sheffield, end health inequalities, integrate care, and have public delivery at the heart of health and care.

2.2 It supports delivery of the draft Strategy for adult social care – ‘Living the Life You Want to Live’ – by ensuring the safety and wellbeing of individuals and promoting their health and wellbeing.

2.3 It supports delivery of the Care Act 2014 by:

- Identifying people in the local area who might have care and support needs that are not being met and finding a solution to this
- Securing services that prevent individuals’ care needs from becoming more serious, or delay the impact of their needs
- Identifying what services, facilities and resources are already available in the area and how these might help local people

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 There has been a small-scale consultation and discussion exercise with care home providers which is referred to in section 1.4.5 and 1.4.6.
- 3.2 As this is a joint approach across the Council and NHS, discussions and conversations have taken place with those on the front line dealing with the current hospital delays. Feedback from individuals facing delays and staff involved have been taken account of, as has learning from similar exercises of this nature undertaken in the past.
- 3.3 Due to the urgent nature of this work in-depth consultation has not been possible

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 There are no adverse equality implications as a result of this tender. The aim is to find alternative safe and secure support for anyone affected by the current situation.
- 4.1.2 As stated above, this proposal is considered to be the “least – worst” (better than any alternative) option, and preferable to people remaining unnecessarily in a hospital setting when a residential setting is potentially available.
- 4.1.3 Work will continue to take place alongside the procurement to ensure that home care capacity and opportunities are developed to enable people to return to their homes as soon as possible. This will need monitoring closely.

4.2 Financial and Commercial Implications

- 4.2.1 Agreement has been reached with the Sheffield Teaching Hospitals Foundation Trust to fund this procurement.
- 4.2.2 The cost of the procurement is anticipated to be between £800,000 and £1,200,000 for each 3-month period.
- 4.2.3 Details of how this will be administered will form part of the operationalising of the contracts.

4.3 Legal Implications

- 4.3.1 The Council has the statutory power to make this provision, under the Care Act 2014. The 2014 Act provides the legal framework for the provision of adult social care, and it includes general duties to promote individual wellbeing and (under section 3) to promote integration with

health services.

- 4.3.2 In terms of the Council's duties to the individuals concerned, the Council has a duty under section 18 of the Act to meet assessed needs for care and support. In the circumstances described, it is not possible - through force of circumstance - to meet those needs through home care. However, the Council may in its discretion meet those needs, on an interim basis, in the way proposed. Individual capacity and best interests' issues must, of course, be considered on a case-by-case basis.
- 4.3.3 The Council has a discretion not to charge, notwithstanding its normal policy. In this case, the short-term nature of the arrangement, and also the manner in which the Council is deciding to meet the assessed needs, justifies not charging (and any departure from charging policies) for these interim periods only. It is advised that care should be taken to ensure the individuals concerned are clear that any waiving of charges is on a time limited basis and will be revisited when care and support is provided in other ways.
- 4.3.4 It is advised that the Director of Adult Social Services should ensure that the arrangements for the recovery of the Council's costs from STH are robust, transparent, and enforceable, before awarding the contracts. If no other suitable mechanism is available, this should be achieved by putting in place a suitable grant funding agreement.
- 4.3.5 The proposed procurement must be compliant with both the Public Contracts Regulations 2015 (PCR) and the Council's Standing Orders for Contracts. Given the nature of the procurement, the 'Light Touch' procurement regime under PCR regulations 74 – 76 is available. Also, if necessary, the Council could consider reliance on the urgency provisions in PCR, including regulation 32.
- 4.3.6 The terms and conditions for the contract will be the standard terms and conditions used by the Council and as advised by Commercial Services.

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 All alternative options for managing this situation have been exhausted, including increasing the capacity in both the independent and in-house services. Whilst this has helped and made some improvements it has not impacted significantly enough on the high numbers of people awaiting discharge.

6. REASONS FOR RECOMMENDATIONS

- 6.1 This is a short-term arrangement to support the current system blockages relating to hospital bed availability. Therefore it will ensure:

- People do not have to wait in a hospital setting where their risk of decompensation and infection is heightened
- There will be an improved flow in and out of hospital for people who have an identified acute clinical need
- There will be sufficient capacity in the city's hospitals for people who need hospital care
- Individuals who are ready for discharge will be supported in a safe and supported environment until their care package at home is available.