Cabinet – 12 December 2018

Intermediate Care Beds Tender

Portfolio: Councillor Rose Martin – Adult Social Care

Service: Adult Social Care

Wards: All

Key decision: Yes

Forward plan: Yes

1. Summary

- 1.1 This report outlines proposals for the re-procurement of the current 'Transitional Bed' service and replacement of Hollybank House reablement beds funded by Walsall Clinical Commissioning Group (CCG) through the Better Care Fund (BCF). This is a key decision as it will continue to commit the Council to incur significant expenditure and it affects all wards across the borough.
- 1.2 The Intermediate Care Service (ICS) use 40 units of bed based intermediate care provision; 20 transitional beds and 20 reablement beds at Hollybank House to facilitate hospital discharge and prevent inappropriate A & E admissions. Since the closure of Hollybank House ICS have increased the number of transitional beds and spot purchase beds to continue to provide 40 intermediate care beds pending the re-tender to buy all ICS beds on one contract.
- 1.3 The current 'Transitional Bed' contracts commissioned by the Council, led by Adult Social Care (ASC) expire on 31 March 2019 with the option to extend on 1 further occasion for a period up to 12 months.
- 1.4 The re-tender aims to increase the range and number of intermediate care nursing home beds to include nursing beds with a specialism in Dementia (formerly Elderly Mentally Infirm) and beds to accommodate patients undergoing reablement. ASC plan to increase the number of providers to include out of borough homes within a 15 mile radius of the borough to address the shortage of nursing and residential beds with a specialism in Dementia.
- 1.5 The Cabinet timetable does not allow sufficient time to complete a compliant tender process, conclude the tender evaluation and recommendations prior to the expiry of the current contract. In order to ensure continuity of service when the existing contract expires, there is a need to seek delegated authority for the Executive Director of Adult Social Care to accept tenders and award contracts.

1. Recommendations

Note: That following consideration of the confidential information in the private session of the agenda, the Cabinet is recommended to:

- 2.1 That Cabinet delegates authority to accept tenders and award contracts for the provision of intermediate care beds, for a period of two years, with the option to extend on an annual basis for a further period of up to one year on two separate occasions, to the Executive Director of ASC, in consultation with the Portfolio Holder for Adult Social Care following completion of the tender.
- 2.2 That Cabinet delegates authority to the Executive Director of ASC, to enter into contracts for the provision of intermediate care beds and to subsequently authorise the sealing of any deeds, contracts or other related documents for such services.

3. Report detail

Context

- 3.1 The ICS use 40 units of bed based intermediate care provision; 20 Discharge to Assess (DtA) beds and 20 reablement beds at Hollybank House to facilitate hospital discharge and prevent inappropriate A & E admissions.
- 3.2 When the DtA service was retendered in June 2016, the ICS required 17 nursing beds and 3 beds nursing with a specialism in dementia; to facilitate the hospital to reduce delayed transfers of care (DToC's) and avoid inappropriate hospital admissions.
- 3.3 Unfortunately, as an outcome of the tender the Council were unable to secure any nursing beds with a specialism in dementia within the borough, leaving a gap in provision and ASC are increasingly having to commission out of borough nursing and residential beds with specialisms in dementia.
- 3.4 Since the closure of Hollybank House in June 2018, the Council have increased the number of block beds on the existing transitional beds contract to 26 and commissioned 4 beds at Wood Green Nursing Home, Sandwell for both nursing and nursing beds with a specialism in dementia. During the past year we have also commissioned 4 beds at Bentley Court, Wednesfield for nursing beds with a specialism in dementia.
- 3.5 The existing transitional bed service is about to be retendered to buy in replacement IC beds following the closure of Hollybank House and to align all beds into one contract. To meet demand and increasing pressure for beds with a specialism in dementia, the Intermediate Care Service is requesting that the Council procure 34¹ beds to provide:
 - 7 nursing beds with a specialism in dementia
 - 3 residential beds with a specialism in dementia
 - 6 residential beds (general)
 - 18 nursing beds (general)

¹ Leaving funding for 5 placements to give flexibility to spot purchase and 1 extra care rehabilitation bed.

- 3.6 The preference will always be to secure capacity within the borough however,
 - based on previous and current intelligence there is insufficient availability to meet demand and the Council is proposing to consider homes within a 15 mile radius of Walsall to apply for this work to successfully secure nursing and residential beds with a specialism in dementia.
- 3.7 Funding will be retained for 5 further nursing/residential beds to give ICS the flexibility to spot purchase additional beds as the needs present. One extra care rehabilitation bed has been secured to promote reablement in a more enabling environment giving 40 units of bed based provision in total.
- 3.8 The intermediate care beds will form one of a number of pathways that ICS will use to promote the health, wellbeing and independence of adults with complex needs; to prevent unnecessary hospital admissions and delayed discharges.
- 3.9 This Service will provide 34 IC beds which will be used to provide:
 - Immediate support in a managed placement to facilitate admission avoidance (step up).
 - Immediate support on discharge from hospital, which will support service users through an ongoing period of assessment and/or rehabilitation, as part of an agreed plan; with the aim of continuing to promote their health, wellbeing and independence (step down).
- 3.10 The aim of the service will be to provide short term support and ongoing assessment for an agreed period of time:
 - Prevent acute admissions for people admitted to Accident and Emergency (A&E) and Acute Medical Unit (AMU) where a range of health and social care interventions can be undertaken in a managed care and support setting.
 - Provide people with closer monitoring and support, as a result of an exacerbation of an ongoing Long Term Condition.
 - Provide intensive support to people and their carers with complex and urgent social needs to prevent their admission to hospital.
 - Provide a bed-based intervention where a person no longer needs acute sector care but does need an extended period of time to address outstanding care or support issues of a short term nature. This includes service users waiting the completion of a continuing health care assessment, appropriate alternative accommodation or home adaptations.

4. Council Corporate Plan priorities

- 4.1 This proposal links to Walsall Council's corporate priority 'People have increased independence, improved health and can positively contribute to their communities'. This service will deliver the following outcomes:
 - Enhancing quality of life for people with care and support needs and those
 with long term conditions; intermediate care beds will provide a safe and more
 appropriate environment for individuals recovering from ill health and/or injury.

- Delaying and reducing the need for care and support; intermediate care beds will be managed thorough a multi-disciplinary team of professionals to maximise an individual's independence in an enabling environment.
- People recover from episodes of ill health and/or injury; intermediate care beds will facilitate admission avoidance and safe timely discharges from hospital to improve hospital flows and support individuals to regain health and maximise independence.
- The most vulnerable are protected from avoidable harm, including treating and caring for people in a safe environment; intermediate care beds will be managed thorough a multi-disciplinary team of professionals to maximise an individual's independence through the use of effective discharge planning to ensure that individual is discharge to the most appropriate destination

5. Risk management

5.1 There is a risk that if the existing provider(s) choose not to bid for the work or are unsuccessful, and a limited number of new providers bid, then the Council may not be able to procure sufficient block beds

6. Financial implications

6.1 This funding forms part of the Better Care Fund pooled budget hosted by the Council. The financial detail will be included in a report to be considered in the private session of the agenda.

7. Legal implications

- 7.1 Legal Services and Procurement have assisted Adult Social Care with using the most appropriate procedures and preparing a written contract (in a form approved by the Head of Legal and Democratic Services).
- 7.2 All new service contracts will be evidenced by a written contract, in a form approved by the Head of Legal and Democratic Services and shall be made and executed in accordance with the Council's Contract Rules.

8. Procurement implications/Social Value

- 8.1 The procurement process will be conducted via the Councils' e-procurement portal, in accordance with the Public Contract Regulations 2015, the Council's Contract Rules and Social Value Policy.
- 8.2 Steps will be taken to minimise procurement-related risk. However, there will always remain an inherent risk of legal challenge associated with any procurement undertaken by the Council.
- 8.3 Input has and will continue to be sought from Procurement and Legal Services, as required to ensure the conduct of compliant procurement process.
- 8.4 Social value is included within the service specification and will form part of the evaluation process.

9. Property implications

9.1 No Council property assets are implicated by the proposals in the report.

10. Health and wellbeing implications

- 10.1 Continuing to provide an intermediate care service will enable the Council to improve hospital flows by using these beds to:
 - Facilitate hospital discharges (step down)
 - Avoid hospital admissions (step up)

in turn reducing Delays in Transfers of Care (DToC's) and avoiding unnecessary hospital admissions to free up acute hospital beds.

11. Staffing implications

11.1 There are no direct staffing implications for the Council; however TUPE may apply between outgoing and incoming providers in the event that the tender results in a change of service provider. The providers will fulfil all formal consultation obligations as set out under TUPE regulations. Appropriate employees will transfer to the new provider, under the Transfer of Undertakings (Protection of Employment) Regulations 2006, as amended by the Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 ("TUPE").

12. Reducing inequalities

12.1 An equality impact assessment has been undertaken and is attached as **Appendix A** to this report.

13. Consultation

- 13.1 Exiting providers were advised in May 2018 that the service would be retendered during 2018 to replace the existing framework. During June/July 2018 consultation has taken place with social care staff, Public Health, Walsall CCG, Walsall Healthcare Trust and nursing/residential providers including existing providers to provide feedback on the exiting service and service specifications, in order to identify areas for improvement. Information gathered has shaped the new service specification and widened the service to include homes within a 15 mile radius of Walsall to secure homes with dementia specialisms which the last tender failed to secure.
- 13.2 Consultation with providers confirmed the service specification was deliverable, and informed maximum fee limits to secure nursing dementia, residential Dementia, residential and nursing IC beds within the limited budget available.
- 13.3 A communication plan will be developed to ensure clear and consistent messages are delivered to service users, carers, providers and staff.

Background papers

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4 December 2018

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