

Cabinet Member for Adults and Health	Ref No: AH1 17-18
September 2017	Key Decision: Yes
Procurement for Discharge to Assess with Reablement care services	Part I
Report by Executive Director Children's Adults' Families Health and Education and Director of Adult Operations	Electoral Divisions: All

Summary

Discharge to Assess with reablement care services support people discharged from hospital in a non-acute setting to 'reable' and regain independence skills before return to their own home or entering into long-term care settings. The services afford people time in an appropriate setting, to make long-term decisions, with their carers and family, about their future care needs.

Pilots have recently been undertaken which demonstrate the effectiveness and benefits of such services and it is now proposed to secure provision of such services to cover all adults social care localities. The proposal is to undertake a procurement exercise to secure such services for specified areas of the County and to secure a contract variation with a current service provider for one area. A similar service will be delivered through in-house resources to serve St Richards hospital.

Recommendation:

That the Cabinet Member endorses

1. The procurement of Discharge to Assess with Reablement Services to serve the Worthing Hospital and Princess Royal Hospital;
2. That the authority is delegated to the Executive Director for Children, Adults, Families, Health and Education to make contract award(s), commencing 1 March 2018 with a duration of two years, with provision to authorise extensions up to five years in total, with an anticipated total value of £4.29m;
3. That the Executive Director is authorised to settle terms to vary the contract with Shaw Homes so as to enable the provision of a Discharge to Assess with Reablement Service to serve Crawley residents at East Surrey Hospital for a period of two years with provision to extend to a maximum of five years.

Proposal

1. Background and Context

- 1.1 Discharge to Assess is a model recognised by NHS England as facilitating earlier discharge and/or reducing the number and length of delays to discharge from hospital for older people.
- 1.2 Discharge to Assess applies to hospital patients who are medically fit for discharge, but unable to return home. Most often in these cases, it is judged that the patient may not be able to manage without a care package at home or a residential placement; in these cases, the patient will benefit from a reablement and social care assessment in a non-acute setting. At other times, the customer is awaiting a decision about long-term care or housing. The majority of patients are referred to Discharge to Assess from acute hospitals, and a smaller number from community hospitals.
- 1.3 Under the model, customers are admitted into care homes for up to six weeks, free of any customer contributions. During these placements, customers receive individually tailored reablement training; at the end of the placements, customers' long-term care needs are assessed and appropriate long-term care solutions are put in place.
- 1.4 The key objectives of the Discharge to Assess pathway are to:
 - reduce delayed transfers of care (DTC) between health and social care services;
 - reduce the level of dependency of an individual, which in turn reduces the level of care packages required for as many customers as possible
 - ensure that long-term decisions concerning customers' care needs are not made in acute settings.

2. Consultation

- 2.1 Elected Members – A briefing has been provided to the Cabinet Member for Adults and Health and the Leader.
- 2.2 Internal – A robust governance structure has been implemented throughout this project. A Project Overview Group comprising operational management, procurement and service related expert advice, meets on a monthly basis to discuss and sign off any decisions and assumptions. Sub-groups for: Operations, Procurement & Legal, Performance & Reporting have been formed and report to the Overview Group monthly.
- 2.3 External – Discussions with Clinical Commissioning Groups (CCG) have taken place, in particular around the CCGs commissioning GP support for the project (which was identified as a risk in the pilot).
- 2.4 Soft Market Testing – Prior to the pilot period a number of care providers were engaged with to ascertain whether the model was deliverable; whether there was an appetite, capacity and capability to deliver within an affordable cost. The engagement consisted of site visits, meetings and requests for indicative quotations.

3. Pilot of Discharge to Assess Pathway

- 3.1 Following successful pilots of similar schemes using the discharge to assess methodology in Sheffield, South Warwickshire and Brighton, in June 2016 Adult Services commissioned services with three care homes in the Coastal West Sussex region to pilot the model and evaluate its effectiveness.
- 3.2 Two care homes were commissioned from the private sector to provide collectively, an initial 11 care home beds which later increased to 15 beds, for use by the WSCC hospital social work team at Worthing Hospital.
- 3.3 The third pilot site utilised the WSCC service Marjory Cobby House to provide 10 care home beds for use by the WSCC hospital social work team at St Richards Hospital in Chichester.
- 3.4 The pilot sites commissioned from the private sector were by means of a competitive call-off tender exercise.
- 3.5 Evaluation of the pilot, over a six-month period, evidenced that the pathway achieves the objectives and demonstrates savings to health and social care (in the coastal area) in terms of reduced cost of care packages and supports the proposed implementation of the Discharge to Assess Pathway on a substantive basis county-wide.
- 3.6 Key findings of the evaluation:
 - A significant percentage (38%) of customers returned to their own home
 - Care costs upon discharge were reduced for 30% of customers, falling to 22% after 91 days. In broad order terms this equates to a potential cost reduction of £0.2m, though before that can be confirmed for certain continued monitoring of customers who have benefited from Discharge to Assess will be necessary to assess the duration over which benefits persist. Nevertheless, the results lend weight to the expectation that Discharge to Assess will produce a contribution towards the savings targets assumed from Focus on Prevention and one that would be anticipated to increase as customer throughput grows.
 - The majority (84%) of Discharge to Assess customers have benefitted from the opportunity to make long-term care decisions outside of the hospital environment. Staff feedback demonstrated that, for the majority of customers, Discharge to Assess provided staff with the necessary time to make appropriate decisions around long term care, including the justification for a long-term placement
 - The overall occupancy of Discharge to Assess beds has been 60%, or 76% if Discharge to Assess customers who have become short-stay are included.
 - The mean length of stay for a Discharge to Assess customer has been 4.4 weeks. This is higher than the typical length of two weeks which the Department of Health recommends for a Discharge to Assess scheme, but is reflective of the higher care needs of customers referred under this model, none of whom were ready to return home at the point when they left hospital.

- 3.7 Subsequent to the evaluation Western Sussex Hospitals confirmed that the reduction in length of hospital stays for customers using the Discharge to Assess pathway was on average 3-5 days per individual.
- 3.8 Evaluations of the pilot were conducted at the mid-point and the end of the pilot period and identified a number of recommendations which have been carried forward to the proposals for the wider county-wide implementation of the Discharge to Assess pathway:
- Regular Multi-Disciplinary Team meetings between all parties engaged with Discharge to Assess to ensure bed occupancy and through-flow of people is maintained at the highest level; information regarding care needs of people referred is clearly communicated consistency of information collected routinely to measure the success of the pathway.
 - greater knowledge and understanding of the Discharge to Assess beds amongst health workers could enable Discharge to Assess planning to begin earlier in a patient's journey
 - Engagement should take place with local GPs in order to establish agreed ways of working in relation to the Discharge to Assess beds.
 - Council Officers should collect data around Package Of Care reductions at set intervals – for example at 6, 12, 24 and 36 month intervals, in order to better understand how a customer's/groups of customers' needs change over time following an initial reduction in need and Package Of Care has been achieved

4. Proposal

- 4.1. To expand the Discharge to Assess pathway from pilot schemes in Coastal West Sussex across each of the three county council Adult Social Care localities in West Sussex.
- 4.2. Due to differences in operational structure, CCG commissioning practice and local care markets, the pathway will be adapted to suit each adult services locality.
- 4.3. Western locality (pilot area), supporting discharges from St Richard's Hospital, is delivered by a WSCC in-house service Marjorie Cobby House. 10 of the 34 registered beds are commissioned for a Discharge to Assess/reablement function. The in-house service options appraisal has evidenced that this is a good use of these beds, therefore, the proposal is to continue.
- 4.4. Southern locality (pilot area), supporting discharges from Worthing Hospital, the 15 Discharge to Assess beds were commissioned from the private sector (in-house service provision was not an option). The proposal is to re-procure these beds, reducing the number of beds to 12 to reflect utilisation during the pilot but retaining the option to increase to 16 beds during times of increased seasonal pressure.
- 4.5. Northern locality, supporting Princess Royal Hospital and Crawley Hospital, in-house service provision is not an option and there is limited capacity and capability in the private market, therefore, the requirement in this area is to be met by a mixture of private sector and reconfiguration of the Shaw Healthcare contract.

4.5.1. Shaw Healthcare, will support Crawley Hospital by providing 10 beds for Discharge to Assess through varying the existing contract. This will require a relatively simple variation to the current contract.

4.5.2. A further 10 beds will be commissioned from the private sector to provide Discharge to Assess for people being discharged from Princess Royal Hospital. As with the Southern locality the awarded contracts will provide the flexibility to increase during times of increased seasonal pressure, by a further 4 beds.

4.6. Summary of proposal:

Clinical Commissioning Group	WSCC Adult Operations Locality	Hospital	Number of Discharge to Assess beds	Means of provision
Coastal West Sussex	Western	St Richard's (Chichester)	10	Continue use of WSCC's Marjorie Cobby
Coastal West Sussex	Southern	Worthing	12 (increase to 16 during seasonal pressures)	Procure from private sector
Horsham & Mid-Sussex	Northern	Princess Royal	10 (increase to 14 during seasonal pressures)	Procure from private sector
Crawley	Northern	Crawley	10	Variation of existing Shaw Healthcare contract. – (subject to a discrete cabinet decision)

Factors taken into account

5. Resources

5.1. Discharge to Assess with Reablement is one of the priorities which have been built into the spending plan for the Improved Better Care Fund (iBCF). An allocation of £1m has been agreed for 2018/19 from which the estimated annual cost of these contracts of £0.858m will be funded. The iBCF is confirmed until 2019/20 – the contract terms will allow that sum to be varied to allow for the risk that its value is not maintained thereafter. The initial contract term of two years can be extended for up to a total of five years provided funding is available.

- 5.2. To ensure the Discharge to Assess with Reablement service is supported by appropriately skilled and experienced staff, the iBCF earmarks funding to enhance the capacity of Occupational Therapist resource from the existing Regaining Independence Service (RIS), Social Care resources will be from the existing Hospital Social Work Teams and a Contract Management resource from the Contracts and Performance Team. These areas will be funded to back-fill capacity used in delivering Discharge to Assess for which provision is also included within the £1m.

6. Risk Management Implications

- 6.1. There are no risks of legal challenge as the procurement of Discharge to Assess beds from the private care home market will be conducted by WSCC procurement team and will follow the EU Procurement process, due to anticipated value exceeding the current threshold.
- 6.2. Through procuring the Discharge to Assess beds this will support to mitigate risks around Delayed Transfers of Care (DToC) for individuals funded by WSCC.
- 6.3. The pilot identified that bed occupancy was below optimum, therefore, in letting this contract consideration has been given to maintaining high occupancy which will a focus of the additional contract management and operational resources referred to in paragraph 5.2 above.

7. Other Options Considered - None

8. Equality Duty

- 8.1. This proposal will positively support to the County Council's equality duty in relation to people with the protected characteristics of age and/or having a disability. These groups will be disproportionately affected positively in relation to those without those characteristics as they will have access to additional care and support on discharge from hospital. It is considered that those with the protected characteristics of gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief will be neither positively nor negatively affected in relation to those without those characteristics.
- 8.2. Service providers will be required to meet Equality legislation and ensure that recruitment and staff development processes reflect the same level of equality for people with protected characteristics.
- 8.3. Customers referred to Discharge to Assess will have one or more protected characteristics; services will be provided through a consistently trained workforce in accordance with Care Quality Commission regulations and the contract. It is therefore expected that providers of Discharge to Assess services will be delivering a comparable service to all customers, including those presented as a result of their protected characteristic.
- 8.4. The procurement will enable the Council to work with the successful contractor to ensure alignment with health over the term of the contract through design, implementation and adoption of a trusted assessor agreement between the care provider, health and social care.

9. Social Value

9.1. The proposal supports sustainability of the care market in West Sussex. Procurement of the Discharge to Assess beds from the market will enable successful contractors to plan delivery, recruit staff and invest in future sustainability of the service due to commitment afforded through a defined contract term and training opportunities provided by the Council to contractors as part of the Discharge to Assess pathway.

10. Crime and Disorder Act Implications – No implications

11. Human Rights Implications – No implications

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Appendices

None

Background Papers

None