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North Yorkshire County Council
Meeting of the Corporate Director, Health and Adult Services and Executive Members Cllr Michael Harrison and Cllr Caroline Dickinson

Friday, 13 August 2021 / 1.30 pm via MS Teams

A G E N D A

1 Apologies for Absence

2 Declarations of Interest

Items for Corporate Director decision

- 3 Re-procurement of advocacy services - Decision Required (Pages 3 - 4) Jonathan Prince
- 4 Contract for the provision of the Adult Carers Service and Young Carers Support and advice - Decision Required (Pages 5 - 6) Adam Gray
- 5 Re-procurement of the Home from Hospital Service - Decision Required (Pages 7 - 10) Helen Thirkell

Standing Item

- 6 Notes of previous meeting held on 14 May 2021 (Pages 11 - 12)

Any Other Business

- 7 Date of future formal meetings - 10 September; 8 October; 12 November and 10 December

Circulation:

Executive Members

Caroline Dickinson
Michael Harrison

Officer attendees

Richard Webb

Presenting Officers

Jonathan Prince
Adam Gray
Helen Thirkell

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Recommissioning Advocacy Services

REPORT TO Corporate Director of Health and Adult Services (HAS) in consultation with Executive Member for Adult Services and Health Integration and the Executive Member for Public Health, Prevention and Supported Housing, including Sustainability and Transformation Plans.

DECISION DATE 13th August 2021

SUPPORTING ANNEX This report includes a supporting Annex which contains exempt information as described in paragraphs 1, 3 and 5 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended).

PROPOSED RECOMMENDATION It is recommended that HASEX approve a key decision to proceed with the procurement process for the adults' advocacy service as a joint procurement process alongside NHS Complaints and children's advocacy.

BACKGROUND TO SUPPORT THE RECOMMENDATION

There are currently three main independent advocacy services that are commissioned by NYCC; adults' advocacy, NHS Complaints advocacy and children's advocacy. These contracts allow NYCC to fulfil their statutory roles as set out in a range of legislation including Care Act (2014) and Mental Capacity Amendment Act (2019). The current contracts are county-wide and come to an end in March 2022. It is proposed that a single procurement process is undertaken for all three services, with organisations being able to respond to one or more of the services as appropriate. This will allow Health and Adult Services, Children and Young People's Services and Central Services directorates to continue to meet their statutory obligations for a suggested minimum of 3 years, with the option for two additional 2-year extensions.

The adults' service is currently provided by Total Advocacy (originally a partnership arrangement that now only contains Cloverleaf Advocacy). The current service covers the following types of advocacy:

- Care Act Advocacy
- Independent Mental Capacity Advocacy (IMCA)
- Relevant Person's Representative (RPR)
- Independent Mental Health Advocacy (IMHA)
- Non-Statutory Advocacy

Advocacy services for adults navigating the health and social care 'system' are an essential service funded by NYCC and the NHS. This is not only set out in legislation as a requirement, but is proven locally to help citizens receive improved outcomes by making sure they understand and can participate in decisions relating to their lives.

The contract for the existing adults advocacy service is funded jointly between NYCC and the NHS Clinical Commissioning Group's covering North Yorkshire. Details of this

funding can be found in Annex 1 - Gateway 1 report. Discussion between funding stakeholders and reviewing monitoring information have shown that the existing service provides good value for money. It is proposed that the procurement process is undertaken on the basis of the same financial envelope as the current service, plus annual inflation uplifts. As set out below, it is likely that there will be a need to increase the budget for the service during the lifetime of this contract, and therefore this has been raised as an issue for future information and planning.

Due to legislation change that will implement Liberty Protection Safeguards from 2022, it is anticipated that there will be a significant increase in IMCA referrals due to:

- the inclusion of 16 and 17 year olds in eligibility
- improved professional understanding of the requirement for advocates
- the role of a 'Rule 1.2 representative' (a different type of advocacy not currently part of this contract) being dissolved and replaced by more complex IMCA referrals

The details of this increased activity are difficult to predict as central government are still to release further information about the code of practice for Liberty Protection Safeguards. It has therefore been acknowledged that this will continue to be a risk that may require additional future budget into the service, and has been flagged as such. No other significant risks have been identified for proceeding with the recommended procurement.

There are no significant changes anticipated to the types of services that are provided as part of this contract, as most of the functions are set out in legislation. An engagement exercise is being undertaken to understand the views of a wide range of stakeholders on the advocacy service. Although much of the feedback to date is positive, the feedback will be used to help shape the future service specification where improvements can be made.

Further detailed information about this procurement can be found in Annex 1 – Gateway 1 report.

LEGAL AND GOVERNANCE COMPLIANCE

Procurement and Legal and Democratic Services have been consulted on this procurement process. Sufficient lead in time has been given in this procurement for a new service to be established without impacting on service delivery.

RECOMMENDATION

It is recommended that HASEX approve a key decision to proceed with the procurement process for the adults' advocacy service as a joint procurement process alongside NHS Complaints and children's advocacy.

REPORT AUTHOR Jonathan Prince

DATE 4th August 2021

Contract for the provision of an Adult Carers and Young Carers Advice and Support Service

REPORT TO; Richard Webb in consultation with Stuart Carlton and HAS Exec Members

DECISION DATE: 13th August 2021

SUPPORTING ANNEX; This report includes a supporting Annex which contains exempt information as described in paragraphs 1, 3 and 5 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended).

PROPOSED RECOMMENDATION

It is recommended that the Authority carry out an open procurement procedure combining the Adult Carers and Young Carers support service into one contractual mechanism.

BACKGROUND TO SUPPORT THE RECOMMENDATION

There are currently eight contractual arrangements supporting Young Carers and Adult Carers across North Yorkshire. The contract's overall purpose is to offer carers valuable assistance, enabling carers to seek advice, support and access assessments that are of benefit to them whilst signposting carers to relevant support services throughout North Yorkshire.

Due to the volume of contractual mechanisms, contract management can be difficult and the need to ensure that young carers can transition to adult carers seamlessly is vitally important. It is being proposed to combine the Adult carers and Young Carers contract into one contractual mechanism to ensure a consistent approach across the councils carers support. This could be delivered in the form of a single provider/consortia operating in all areas of North Yorkshire or for different providers/consortia delivering on a locality footprint.

The contracts offer support across the following localities:

- Hambleton & Richmond
- Scarborough & Ryedale
- Harrogate & Craven
- Selby

LEGAL AND GOVERNANCE COMPLIANCE

The contract will be procured in line with the Public Contract Regulations 2015.

RECOMMENDATION

It is recommended to carry out an open procurement for Adult Carers and Young Carers support service.

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Home from Hospital – Service Re-Procurement

REPORT TO

Corporate Director of Health and Adult Services (HAS) in consultation with Executive Member for Adult Services and Health Integration and the Executive Member for Public Health, Prevention and Supported Housing, including Sustainability and Transformation Plans.

DECISION DATE

Friday 13th August 2021

SUPPORTING ANNEX

This report includes a supporting Annex which contains exempt information as described in paragraphs 1, 3 and 5 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended).

PROPOSED RECOMMENDATION

HAS Executive is recommended implement a Key Decision to enable the re-procurement of the Home from Hospital Service. A Key Decision is required due to the whole life costs of the service of £2,235,100.00, being above the EU Procurement Threshold for Social and Other Specific Services which is currently £663,540. This Key Decision has been requested in accordance with Article 13.03 (b) of the Constitution.

BACKGROUND TO SUPPORT THE RECOMMENDATION

Brief Summary of Project:

Home from Hospital Schemes have been identified as enabling safe and timely discharge from hospital. North Yorkshire County Council (the Council) are seeking to provide practical support to people who require such support, on their return home to facilitate timely and appropriate discharge.

The Council is seeking to re-procure the Home from Hospital service for a period of 5 years with an option to extend for a further 2 years. The annual cost of the service shall be £319,300.00, with an estimated whole life cost of £2,235,100.00. Inflation may be applied year on year in accordance with the Council's agreed inflation level. Please note that the current budget is made up of IBCF and NYCC base budget on a 50:50 split. Discussions have been held with the CCG to advise that should the IBCF no longer be available the funding should continue to be made available. The NYCC HAS Assistant Director of Strategic Resources has also been updated.

The delivery model shall throughout the term of the contract, seek to incorporate the use of community assets to support a more effective service offer, building on the work

and achievements through the pandemic response. The new service has been amended to incorporate the following requirements:

- The Home from Hospital service (the Service) will support safe and timely hospital discharges across North Yorkshire. It will be an embedded strand of the county's integrated and nationally mandated Discharge to Assess process, detailed in the government's *Hospital discharge and community support: policy and operating model*.
- The Service will prioritise support to Pathway 0 and Pathway 1 discharges, with support to Pathway 2 discharges as capacity allows. It will provide short term person-centred practical help and support co-ordination, to people aged 18 or over, who are leaving or have recently left hospital. The Bolton model suggests that 95% of people aged 65+ should be discharged to their home (Pathway 0 & 1). Currently the data shows that 94% of Pathway 1 and 84% of Pathway 0 people living in North Yorkshire were discharged to their home.
- There is an expectation that the service shall be available 7 days per week in accordance with discharge levels. It is anticipated that weekend discharges may increase during the lifetime of the contract and that staffing requirements may need to be flexed accordingly in discussion with the Council. The table below shows the discharge levels per day. Currently weekends see the lowest discharge levels. Through the introduction of the new discharge hubs we expect discharge levels on weekends to increase.

The key principles of the service are:

- To provide timely, responsive and flexible discharge support to maximise a person's potential to remain safe and independent at home.
- To support a person for a maximum of up to 4 weeks or 6 weeks by exception, referring to other relevant organisations to sustain increased independence and wellbeing.
- To work in a proactive, timely and flexible way to support a maximum number of discharges and to adapt to any changing policy requirements.

ENGAGEMENT

Comprehensive stakeholder, service user and market engagement has been undertaken with findings incorporated in to the new service model and amendments to the contract term and value.

RISKS AND MITIGATIONS

- TUPE may apply due to the percentage of time/workload each member of staff dedicates to the contracts. Legal will be engaged and procurement will send out TUPE forms to the incumbent provider.

- No market interest and failed procurement. Market engagement has been done and 14 out of the 16 responses were positive.
- Timescale to re-procure. There is a project timeline in place and the project group will ensure work is on track. A three month implementation period has been factored in.
- Insufficient mobilisation period. As detailed above the project plan is tight and allows a three month mobilisation phase. If any element of the procurement is delayed this will reduce the mobilisation period. This could impact on the successful provider's ability to commence the service. If this were looking likely we would look to extend the existing contract for a short period to ensure service continuity and a smooth transition.
- Delivery within budget. The budget has remained static throughout the existing contract period (4years). The budget for the first year of the new contract has been increased by 3%, based on feedback from the market engagement re: viability of the financial envelop. Further to this the contract terms and conditions will include a pricing review clause which will enable price increases in line with inflation, where the council agrees to this. As there are a number of variables which may impact on referral levels the procurement will also ensure flexibility to review the pricing in the event of a sustained increase in referrals. In addition, during the contract, we will be working towards a more flexible way of working, utilising volunteers and linking with partners in the voluntary sector. Currently the service does not utilise volunteers.
- As per the above, the model is looking at using volunteers and the voluntary sector to help increase capacity. If the service fails to achieve the required resource levels and/ or if throughout the contract duration volunteer numbers reduce and/or organisations are unable to continue to support there may be a requirement to increase paid staffing. This would impact on the overall cost to maintain the service and budget.
- Covid. The market has stated that they do not see Covid having an impact on their ability to take part in this procurement exercise. This is due to restrictions being lifted on 19th July. The new service specification will include an element on service continuity in the event of a similar situation i.e. pandemic in order to understand how the successful provider would ensure continued delivery.
- Local Government Reorganisation. The Council's preferred option has been successful. We still need to be aware of any issues arising from the changes.
- The successful supplier needs to ensure that the established links with hospitals and professionals are maintained; there is a risk that a change in supplier could result in these being lost. NYCC will assist with maintaining good relations.
- There are no specific health & safety concerns in terms of the procurement but the service does promote positive health & safety outcomes in terms of supporting people to remain safe and independent following hospital discharge.
- The new model relies on the Command Centres generating referrals for Discharge to Assess, Pathway 0, 1 and 2, should these not be realised there is a risk to the new delivery model. NYCC and CCG colleagues shall work to continually promote and review the system.

- There is a requirement for the NHS Trusts to engage with this service and for the provider to be seen as an equitable partner within the system. There is a risk that this may not occur, so NYCC and CCG colleagues shall work with NHS Trust colleagues to promote the service and avoid the likelihood of this.

LEGAL AND GOVERNANCE COMPLIANCE

Procurement and Legal and Democratic Services have been consulted on the contract re-procurement. The Service shall be re-procured under the statutory requirements of the of the Public Contract Regulations 2015, in accordance with the Procurement and Contract Procedure Rules, which form Part 4 (Rules of Procedure) within the Council's Constitution.

RECOMMENDATION

HAS Executive is recommended implement a Key Decision to enable the re-procurement of the Home from Hospital Service.

REPORT AUTHOR

Helen Thirkell, Service Development Manager, Health and Adult Service

DATE

4th August 2021

Agenda Item 6

NORTH YORKSHIRE COUNTY COUNCIL HEALTH AND ADULT SERVICES EXECUTIVE

Meeting of the Health and Adult Services Executive

14 May 2021 at 13.30
Via MS Teams

DECISION RECORD & MEETING NOTES

Present: Councillor Michael Harrison and Councillor Caroline Dickinson

Officers: Richard Webb (RW)

In attendance: Janine Tranmer (JT) Angela Hall (AH) Natalie Smith (NS)

Minutes: Dawn Day

NO.	ITEM	For Note/ Action
	<p>Declaration of Interests</p> <p>County Councillor Michael Harrison declared an interest as a relative works in Health and Adult Services.</p>	
1	Extension to Community Equipment Contract	
	<p>The proposed recommendation to agree an extension to the Integrated Community Equipment Service by 2 years from 30 November 2021 was approved.</p> <p>The current service commenced on 1 December 2016 with an expiry date of 30 November 2021 and the potential to extend by 2 years.</p> <p>JT reported that the provider has continued to work throughout Covid and has carried increased stock due to the impact of Brexit and Covid. This has inevitably incurred additional costs, which they are absorbing. However, we are likely to see further increases this year.</p> <p>The provider has improved their systems to ensure delivery to NYCC expectations and have addressed issues raised with them.</p> <p>We will now be looking at all activity and how we can improve the service to be more cohesive. There has been some good integrated working throughout Covid, which has been helpful in developing the service going forward.</p>	

2	Extension to the Public Health GP Provider List	
	<p>The proposed recommendation to extend the Approved Provider List (APL) for up to 3 years from 1 April 2022 until 31 March 2025 was approved.</p> <p>It was reported that primary care priorities for 2021/2022 are the delivery of the vaccination programme and support for the ongoing COVID response. As a result there is insufficient resource to carry out the required procurement process. This has led to the recommendation to extend the APL.</p> <p>We will use this time to carry out transformation work as well as allow time for a full review of the contract and for a re-procurement to take place.</p>	
3	Extension to Pharmacy Provider List	
	<p>The recommendation to extend the Approved Provider List (APL) for up to 3 years from 1 April 2022 until 31 March 2025 was approved.</p> <p>It was reported that primary care priorities for 2021/2022 are the delivery of the vaccination programme and support for the ongoing COVID response. As a result there is insufficient resource to carry out the required procurement process. This has led to the recommendation to extend the APL.</p> <p>The APL will continue to operate in the same way so there will be no alteration to the overall scope of the contracts. During the extension period, the council will continue to accept applications to the provider list. This will ensure the APL does not prevent providers from applying to join the list.</p> <p>AH reported that we have good relationships with partners through a number of forums and consideration will be given to existing services and transformation.</p> <p>Dale Owens will be working with Louise Wallace on the transformation programme.</p>	
4	Notes of previous meeting held on 9 April 2021	
	Reviewed and agreed as an accurate record.	