

# 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 13<sup>th</sup> 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 19<sup>th</sup> 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**

4<sup>th</sup> August 2021