

Report of:	Erik Scollay - Director of Adult Social Care and Health Integration Councillor Dorothy Davison - Executive Member for Adult Social Care and Public Health
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Submitted to:	Executive - 13 April 2021
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Subject:	Care Home Brokerage and Trusted Assessor
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Summary

Proposed decision(s)
That Executive approves the development of an in-house care home brokerage and trusted assessor service following the termination of a current contract.

Report for:	Key decision:	Confidential:	Is the report urgent? ¹
Decision	Yes	n/a	No

Contribution to delivery of the 2020-23 Strategic Plan		
People	Place	Business
Delivering high quality services to meet the needs of our residents.	Potential to help to stimulate local market	Ability to sustain local business

Ward(s) affected
All wards are affected

What is the purpose of this report?

1. To approve the development of an in-house care home brokerage and trusted assessor service following the termination of a current contract.

Why does this report require a Member decision?

2. In line with the Council’s Scheme of Delegations Executive approval is required where a service is being developed in excess of £150k

¹ Remove for non-Executive reports

Report Background

3. Care Home Selection, an independent provider, was awarded a contract with Middlesbrough Council on 1st July 2019 for the purpose of delivering both a Trusted Assessor and Family Support service at James Cook University Hospital. This supports family members in choosing an appropriate care home at the point of discharge from hospital for a loved one. The service terminates on 1st July 2021
4. The service will also reduce any delays in discharge by conducting a trusted assessment on behalf of the care home, to enable the care home to determine whether they can accept the placement. Without this service the care home would need to arrange to visit the ward and carry out their own assessment – this can often take time to arrange, contributing to delayed hospital discharges.
5. The purpose of the service is to reduce delays on leaving Hospital by being the trusted link for the assessment between the Care Home and Hospital. This supports the hospital in ensuring there is no bed blocking and patients are supported through the process to their onward journey of care.
6. The main functions of the service are as follows:
 - To undertake trusted assessments for care homes - all assessments to be completed within 24 hours
 - Liaise with care homes for assessment clarification and discharge progression
 - Complete data Collection, management and provide regular reporting
 - To provide support 7 days per week including evenings
 - Maintain good relationships with care providers, developing a portfolio of information on care providers to share with families to inform the choice of care home
 - Monitor bed availability within care homes each week so that patients are focused on care homes where vacancies exist
 - To accompany patients/families on visits to Care Homes
 - To provide support for hospital discharge and liaise with social work & ward staff to facilitate discharge, and check on transport and medication etc.

What decision(s) are being asked for?

7. That Executive approves the development of an in-house care home brokerage and trusted assessor service following the termination of a current contract.

Why is this being recommended?

8. The initial contract term expires on the 1st July 2021. The contract arrangement provides for a block number of assessments per quarter, with a spot rate for any assessments needed in excess of the block. Despite the Covid 19 pandemic the number of assessments has significantly exceeded the block per quarter.
9. Furthermore the experience of the pandemic has highlighted the need for flexibility of service provision, the Government have introduced different workflows for hospital discharge, such as the requirement for designated settings, these are settings for

individuals discharged to residential care whom are covid positive. Due to this change in workflow these were different assessments and therefore chargeable under our care home selection contract, this was an unforeseen cost.

10. These additional assessment costs result in the contract not providing overall value for money.

Other potential decisions and why these have not been recommended

11. Alternative options are:

- A. Do Nothing – The contract could be terminated with no replacement service. Care Homes would therefore be asked to assess patients within the hospital setting themselves and families would be supported by the Council’s hospital social work team. This is viewed as not a viable option due to a number of factors. Currently assessments are completed with a maximum 24 hours, but performance reporting show these are usually completed within 4 hours. As a result Middlesbrough is performing well in terms of minimal delayed hospital discharges. Care homes, due to demand pressures within the home environment would be unable to meet this target should they be required to attend the wards themselves. The hospital social work team is already under significant work pressures, and to add additional burden to their workload in supporting family members to choose care homes would be unrealistic.
- B. Renegotiate Current contract – Whilst performance of the current provider is very good, the unit cost of the contract is high, and it does not offer value for money. Renegotiation of the contract may reduce the unit price slightly however it would still not provide the flexibility needed, should there be change in service, or workflow. The ability to flex the model at short notice and mid- year is required without needing to consider impact on the budget per assessment.
- C. Build an in-house service – the development of an in-house team would enable the service to be flexible without the risk of incurring additional costs. In addition a 7 day costed model for an in-house service has been developed which would allow for 2 Trusted Assessors, a Co-ordinator , a Placement Assistant with management support which would still deliver savings when compared to the current contract costs. This model delivers twice the trusted assessment time that the current model provides for offering significant more opportunity to manage the current demands.

Impact(s) of recommended decision(s)

Legal

12. Notice of termination has been served on the current contract, in accordance with the contract clauses, however this can be rescinded at any time. The council has indicated to the provider that TUPE may apply. Any costs of TUPE have been factored into the projected modelling costs.

Financial

13. The current annual cost of the contract based on activity from January 2020 to December 2020 is £298,575. The planned staffing model for an in-house team with supporting budget is £175,000. This service is funded from the Better Care Fund.

Therefore an in-house model does deliver better value for money whilst delivering an enhanced level of activity

Policy Framework

14. This decision will support delivery of the Mayor's Vision, assist in budget planning and achievement of the Medium Term Financial Plan and help deliver the Council's Strategic Priorities of supporting health and social care, working with partners to reduce admissions to hospital and improving support and care once people are discharged from hospital.

Equality and Diversity

15. An Impact Assessment has been completed and found no concerns that the delivery of an in-house service model could have any adverse effects and the assessment is attached as Appendix A.

Risk

16. There are no direct risks associated with this report.

Actions to be taken to implement the decision(s)

17. The Head of Strategic Commissioning will progress recruitment of the team
18. The Head of Strategic Commissioning will implement a project plan for transition for the outgoing provider to the in-house team.

Appendices

Appendix A – Equality Impact Assessment

Background papers

No background papers were used in the preparation of this report.

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