

From: Richard Smith, Corporate Director of Adult Social Care and Health

To: Clair Bell, Cabinet Member for Adult Social Care and Health

Subject: **Purchase of Designated Beds**

Decision Number: **21/00039**

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: Adult Social Care Cabinet Committee – 17 June 2021

Electoral Division: All

Summary: Correspondence regarding the Winter Discharge: Designated Settings was received from the Department of Health and Social Care (DHSC) on 13 October 2020 advising that Covid positive people can only be discharged to designated settings - those who have been Local Authority nominated and have passed a Care Quality Commission Infection Protection Control inspection. Designated settings require a separate staff team and ability to zone/cohort positive people away from the other people, so all settings being nominated would not be suitable. In November 2020, there was a requirement to procure additional bed capacity from the current Older Persons Residential and Nursing market due to the ongoing situation in the UK concerning Covid-19.

Initially the planned need to support this process was calculated at approximately £600,000, however due to the emergence of the COVID-19 variant that increased cases over the winter, the expectation is that the need for these type of beds will exceed spend of £1million in the near future, and a decision is sought to continue with these purchases.

Recommendation(s): The Cabinet Member for Adult Social Care and Public Health is asked to:

- a) **AGREE** to continue to purchase additional short term bed capacity from those providers identified through the Care Quality Commission targeted inspection; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health to enter authority to the Corporate Director of Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

1. Introduction

- 1.1 Correspondence regarding the Winter Discharge: Designated Settings was received from the Department of Health and Social Care (DHSC) on 13 October

2020 advising that Covid positive people can only be discharged to designated settings - those who have been Local Authority nominated and have passed a Care Quality Commission Infection Protection Control inspection

- 1.2 Winter Discharges Designated Settings require a separate staff team and ability to zone/cohort positive people away from the other people, so all settings being nominated would not be suitable.
- 1.3 Designated settings apply to all people being discharged with a Covid positive test during their infectious period, who would be moving back to, or into, care homes. That includes those living with dementia or learning disabilities.

2. Background

- 2.1 In November 2020, there was a requirement to procure additional bed capacity from the current Older Persons Residential and Nursing market due to the situation in the UK concerning Covid-19.
- 2.2 Feedback was sought via the trade association and the larger providers to determine which homes would be able and willing to participate in this scheme. The majority were not able to support this process, due to the perceived risk upon other residents and their staff, the inability to obtain insurance for respiratory diseases, and the potential impact upon new private business.
- 2.3 The Kent Integrated Care Alliance (KICA) raised concern with regards to their members appetite and managing the risks.
- 2.4 The National Care Association (NCA) providers were willing to support in principle, but two challenges identified were:
 - 1) impacts their referrals of self-funders/new residents. Family members will not place their relative in a care home that cares for Covid-19 positive residents; and
 - 2) Providers face a significant insurance risk around respiratory diseases, particularly Covid-19, where insurers are excluding these conditions.
- 2.5 This put providers at risk of legal action from family members, with no insurance to call on to cover legal fees. Social care providers should be indemnified by government as has the NHS been. Full transparency in the process required, where NHS needs to accept responsibility for failings around Covid-19 as did care homes.
- 2.6 On Friday 16 October, seven potential sites were submitted, with over 100 beds across the county for the Care Quality Commission (CQC) to review. This was a joint submission with Medway Council covering the Kent and Medway CCG area.
- 2.7 Kent County Council was advised that CQC had concluded their targeted inspection on the locations below and that they are assured they are suitable to be used as a designated setting under the Winter Discharge Designation Settings scheme:
 - Platters Farm – 8 beds (did not proceed due to insurance)

- Broadmeadow – 8 beds
- Hawkhurst House – 31 beds
- Hawkinge House – 31 beds

2.7 The four sites identified had the ability to be started very quickly and provided a mix of provision across the county to enable both residential and nursing care to be delivered. The designated sites identified by the CQC were able to accept people with a wide range of needs and the providers assured us that they would be able to put the necessary equipment and staff training in place for particular clients at short notice, to include people that may require Aerosol Generating Procedures (AGP). KCC were assured that the staff will have specific training on the specialist aspects of nursing care to accommodate the range of individuals that may be admitted.

2.8. Hawkinge House and Hawkhurst – Graham Care Group
Hawkinge House (East Kent) and Hawkhurst (West Kent) were able to provide 31 beds at each site. These are nursing beds and the only nursing beds available to KCC to use as designated beds.

2.9 Broadmeadow (East Kent)
Broadmeadow is an inhouse service which provides intermediate care, short term, respite, and dementia care. The proposed designated care setting would provide 8 residential care placements.

3. Financial Implications

3.1 Initially these beds were intended for short term (winter pressures) and would be used to free capacity within the hospital system during the peak periods of Covid-19. As the situation escalated, social care beds would be needed to relieve pressure within the system, and as stated, create additional capacity within hospitals. However, there is still a requirement to discharge Covid positive patients from hospital into a designated setting and therefore these beds have continued until the current time and into April.

3.2 The planned expenditure on these beds was originally calculated at approximately £600,000, however due to the emergence of the UK variant of COVID-19 and the increase in cases that this lead to, the cost of purchases these beds will now exceed the £1m key decision threshold

3.3 The total cost of the Designated Beds until end of March 2021 is £1,017,450. The cost of the beds was met by the CCG, through the additional £588m discharge funding scheme. Further costs may be expected in April

3.4 Breakdown of monthly costs

Month	Hawkinge House (£)	Hawkhurst House (£)
November	18,830	0
December	119,315	99,275
January	183,390	154,545
February	166,120	119,425
March	153,860	0
Total	641,515	375,935

- 3.5 The beds at Hawkhurst House ended on 28 February 2021, with all clients then being routed to Hawkinge House. It is intended that the beds at Hawkinge House will end in April 2021 dependent on Covid-19 situation and policy on Covid positive discharge from hospitals to someone's own home.

4. Legal implications

- 4.1 This is being procured under Procurement Policy Note (PPN 01/20) was released in March 2020 setting out information and associated guidance on the public procurement regulations and responding to the current coronavirus, COVID-19, outbreak.

The regulation states that: *in responding to COVID-19, contracting authorities may enter into contracts without competing or advertising the requirement so long as they are able to demonstrate the following tests have all been met:*

- 1) There are genuine reasons for extreme urgency, eg: you need to respond to the COVID-19 consequences immediately because of public health risks, loss of existing provision at short notice, etc;*
 - you are reacting to a current situation that is a genuine emergency - not planning for one.*
- 2) The events that have led to the need for extreme urgency were unforeseeable, eg:*
 - the COVID-19 situation is so novel that the consequences are not something you should have predicted.*
- 3) It is impossible to comply with the usual timescales in the PCRs, eg:*
 - there is no time to run an accelerated procurement under the open or restricted procedures or competitive procedures with negotiation;*
 - there is no time to place a call off contract under an existing commercial agreement such as a framework or dynamic purchasing system.*
- 4) The situation is not attributable to the contracting authority, eg:*
 - you have not done anything to cause or contribute to the need for extreme urgency.*

5. Equalities implications

- 5.1 EQIA is part of current service documentation
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6. Data Protection Implications

- 6.1 General Data Protection Regulations are part of current service documentation.

7. Conclusions

- 7.1 Due to the ongoing situation in the UK concerning Covid-19, there is a requirement to procure Designated Beds from the current Older Persons Residential and Nursing market to ensure that Covid positive patients can be discharged from hospital to a Designated Setting. These beds will be short term and will be used to free capacity within the hospital system during the peak periods of Covid-19. As the situation escalates, social care beds will be needed to relieve pressure within the system, and as stated, create additional capacity within hospitals.
- 7.2 Due to the manner in which these have been procured, there will be flexibility in how we deploy these beds. This means that capacity can be increased as the situation escalates or reduced as the situation improves, therefore providing essential support to our colleagues in Health for hospital discharge,

8. Recommendation

8.1 Recommendation: The Cabinet Member for Adult Social Care and Public Health is asked to:

- a) **AGREE** to continue to purchase additional short term bed capacity from those providers identified through the Care Quality Commission targeted inspection; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health to enter authority to the Corporate Director of Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

9. Background Documents

Winter discharges: designated settings

<https://www.gov.uk/government/publications/designated-premises-scheme-letter-to-directors-of-adult-social-services/winter-discharges-designated-settings>

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