

**From:** Clair Bell, Cabinet Member for Adult Social Care and Public Health  
Richard Smith, Corporate Director Adult Social Care and Health

**To:** Adult Social Care Cabinet Committee – 13 July 2022

**Subject:** **Re-procurement of Discharge Pathway 1 Services**

**Decision Number** 22/00028

**Classification:** Unrestricted

**Past Pathway of report:** Governance Directorate Management Team – 22 April 2022

**Future Pathway of report:** Cabinet Member decision

**Electoral Division:** All

**Summary:** The current contracts for Discharge Pathway 1 Services (Discharge to Assess Service and Assisted Discharge Service) end on 30 September 2022. To avoid any gap in service delivery, arrangements need to be in place to enable Discharge Pathway 1 activities to continue from 1 October 2022 and it is proposed that the current contracts are extended for one year from 1 October 2022 to 30 September 2023).

There are aspirations towards the creation of a jointly commissioned Discharge Pathway 1 Service. During the extension period, Kent County Council will continue to collaborate with the NHS Partners towards the development of a long-term jointly commissioned model for Discharge Pathway 1 Services.

**Recommendation(s):** The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix A) to:

- a) **EXTEND** the current Discharge Pathway 1 Services contracts (Discharge to Assess Service and Assisted Discharge Service) for one year, from 1 October 2022 to 30 September 2023;
- b) **COMMENCE** activity to develop a long term jointly commissioned Discharge Pathway 1 Services model; and
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into legal agreements, as necessary to extend the current Discharge Pathway 1 Services; and to facilitate activity with regard to developing the jointly commissioned Discharge Pathway 1 Services model, with NHS Partners.

## **1. Introduction**

- 1.1 The current hospital discharge service contracts commissioned by Kent County Council encompass the Discharge to Assess Service and the Assisted Discharge Service, which form part of the Discharge Pathway 1 Service, for people discharged from hospital who need support to recover at home. Across Kent, there are a number of other services that also align with the pathway, commissioned by the Kent and Medway Clinical Commissioning Group (KMCCG) and other health partners.
- 1.2 The contracts were originally due to expire on 31 March 2020 but were extended to 30 September 2022, due to the unprecedented demands of the Covid-19 pandemic and the need to ensure that service delivery was not disrupted.
- 1.3 These services are essential in ensuring that people are able to recover at home following discharge from hospital and be supported until further assessment can be undertaken if required, alleviating blockages in patient flow through the system and preventing unnecessary delayed discharges; as such, it is essential that any new model of service delivery adequately supports both the process and the person, with capacity in the right place, at the right time.
- 1.4 To avoid any gap in service delivery, new arrangements must be in place by 1 October 2022.

## **2. Background**

- 2.1 It is the ambition of Kent County Council (KCC) for the people in Kent to have home based care and support services, in line with Home First principles that: "Support people to live in their own home as independently as possible and with dignity through the delivery of good quality individual care".
- 2.2 Discharge Pathway 1 Services enable the Council to deliver towards this ambition. The pathway relates to people being discharged from hospital with home-based support; all people needing such support should be offered reablement and rehabilitation and, where necessary, time for assessment and future care planning. This includes people whose package of care is being restarted after lapsing during their hospital stay.
- 2.3 The Assisted Discharge Service, currently delivered by the British Red Cross, identifies people who no longer require clinical care but do require assistance to return home. The service helps to get them home safely, quickly and effectively. For the first 72 hours after leaving hospital, the service makes sure those people have everything they need at home.
- 2.4 The Discharge to Assess Service, currently delivered by Hilton Nursing Partners, identifies people, aged 18 years and over, who can be safely discharged home but require short-term enablement support and/or further assessment of their ongoing needs. The aim is to provide wrap-around support post discharge with a focus on maximising the independence of the person.

- 2.5 In 2020, Adult Social Care and Health partners commissioned an independent review of hospital discharge services and the experiences of people using these, undertaken by RETHINK Partners. The review highlighted the importance of the interdependencies between health and social care systems and the need to integrate systems more effectively to create the best discharge experience for people in Kent.
- 2.6 Multiple partners are often involved in the hospital discharge process, each vital in creating a smooth transition from hospital to the relevant care package, but with so many stakeholders, it was clear a more coordinated 'person-centred' approach was needed.
- 2.7 Although the redevelopment of Discharge Pathway 1 Services has been a regular agenda item for the System Discharge Pathways Programme, because of the interdependencies involved and the uncertainty in relation to future funding arrangements for discharge services, it has not been possible to realise a joint approach to the commissioning of this pathway to date.
- 2.8 In March 2022, the Department of Health and Social Care published new 'Hospital discharge and community support guidance', setting out how NHS bodies and local authorities can plan and deliver hospital discharge and recovery services from acute and community hospital settings that are affordable within existing budgets available to NHS commissioners and local authorities, focusing on adopting processes that best meet the needs of the local population. The guidance states that systems should work together across health and social care to jointly plan, commission, and deliver discharge services; this aligns with the strategic direction in Kent and reinforces the need to realise a joint Pathway approach.
- 2.9 Additionally, the National Institute of Health Research have recently begun evaluating Discharge to Assess pathways in Kent, Surrey, and Sussex, in collaboration with the University of Kent. One of the project aims is to ensure that a greater understanding of the impacts and requirements of services outside of hospitals is developed. It is hoped that this evaluation will also provide valuable recommendations to inform future joint commissioning.
- 2.10 Given the aspirations towards the creation of a jointly commissioned Discharge Pathway 1 Service, utilising existing recommendations, the new guidance, and future recommendations from the National Institute of Health Research evaluation, and the time remaining before current KCC contracts expire, both short-term and long-term options are required.
- 2.11 As such, it is recommended that in the short-term further extensions for both Discharge Pathway 1 Services contracts are agreed, for a period of 1 year, until 30 September 2023.
- 2.12 Although these contracts have already utilised the original extensions, Regulation 72(1)(c) of the Public Contracts Regulations 2015 allows for modification of up to 50% of the original contract value where the need is

brought about by circumstances that a reasonable authority could not have foreseen.

- 2.13 As the NHS Kent and Medway Clinical Commissioning Group is integral to the creation of a jointly commissioned pathway, the council is reliant on their involvement in order to progress a new approach. In February 2022, it was announced that the National Discharge Fund would come to an end on 31 March 2022, and there would be no additional NHS ring fenced funding for post-discharge support available in 2022/23; this has implications for funding arrangements of any recommissioning of Discharge Pathway 1 Services.
- 2.14 The timing of the publication of the Department of Health and Social Care 'Hospital discharge and community support guidance' in March, also has implications for the long-term approach to Discharge Pathway 1 Service.
- 2.15 However, given that there is now a clear direction for this activity and commitment from all partners, it is expected that the delivery of a joint pathway can now be achieved; and, given current market pressures and issues in relation to the flow of people through hospitals and into social care, this activity is a priority, and as such, extensions are recommended only in the short-term to allow recommissioning to be completed. As this is a short-term option, extensions also offer best value.
- 2.16 During the extension period, the Council will continue to collaborate with the NHS Kent and Medway Clinical Commissioning Group towards the development of a long-term jointly commissioned model for the Discharge Pathway 1 Services.

### **3. Financial Implications**

- 3.1 The annual budgets for the Discharge Pathway 1 Services are set out in the table below:

<b>Discharge to Assess</b>	<b>Assisted Discharge</b>	<b>Total</b>
£2,953,223	£108,000	<b>£3,061,223</b>

- 3.2 Opportunities to improve the current service model, incorporating the Making a difference everyday (MADE) design principles of ensuring people have the right support, in the right place, at the right time as well as generating efficiencies will be explored as part of the jointly commissioned long-term approach.
- 3.3 Historically, the Kent and Medway Clinical Commissioning Group has financed additional Discharge to Assess capacities; the ability to incorporate additional funding will still be available within the extension period.

### **4. Legal implications**

- 4.1 The provision of services to support people with health and/or social care needs following admission to hospital is detailed within the Care Act 2014. Paragraph 8.14 of the Statutory Care and Support Guidance states that local authorities

may not charge for assessments, community equipment and minor adaptations, intermediate care or reablement for up to six weeks.

- 4.2 Regulation 72(1)(c) of the Public Contracts Regulations 2015 allows for modification of up to 50% of the original contract value where the need is brought about by circumstances that a reasonable authority could not have foreseen.

## **5. Equalities implications**

- 5.1 An Equalities Impact Assessment (EQIA) was completed for the commissioning of Care and Support in the Home, including these services.
- 5.2 An EQIA for this decision has not been completed, as there is no change. The previous variation agreement and extensions were centred on enabling quick and safe discharge and more generally reducing pressure on acute services, and these recommended extensions continue to support that.
- 5.3 An EQIA is being undertaken to support the long-term jointly commissioned option, which is due to commence in October 2023.

## **6. Data Protection Implications**

- 6.1 There are no anticipated data implications associated with this decision, as there will be no change to current services, or the data collected or shared, and therefore this will be covered under existing contract clauses.
- 6.2 A Data Impact Assessment will be undertaken to support the long-term jointly commissioned option.

## **8. Conclusions**

- 8.1 There are aspirations towards the creation of a pathway jointly commissioned with the National Health Service. Give the time remaining before current KCC contracts expire, both short-term and long-term approaches are required, and as such it is recommended that the current contracts are further extended for a term of 1 year from 1 October 2022 to 30 September 2023.
- 8.2 Regulation 72(1)(c) of the Public Contracts Regulations 2015 allows for modification of the contract where the need is brought about by unforeseen circumstances. Changes to future funding arrangements, a reliance on NHS partners and associated delays, and the timing of new guidance, could not have been foreseen. Given that a short-term option is required to allow for the development of a long-term approach, extensions offer best value in the short-term.
- 8.3 During the extension period, the Council will continue to collaborate with the NHS Kent and Medway Clinical Commissioning Group towards the development of a long-term jointly commissioned model for the Discharge Pathway 1 Service.

## 9. Recommendations

9.1 Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix A) to:

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## 10. Background Documents

Hospital discharge and community support guidance

[www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance](http://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance)

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