

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

To: Clair Bell, Cabinet Member

Decision No: 20/00044

Subject: Covid-19 Block Beds for Older Persons Residential and Nursing

Classification: Unrestricted

Electoral Division: All

Summary: Public Health England modelling would indicate that there is going to be a surge in COVID19 cases over the coming weeks, in order to relieve pressure and free capacity within an already overburdened hospital system there is an urgent need to procure additional bed capacity from the current Older Persons Residential & Nursing market. These beds will be short term (6 months) and will be used to assist with timely discharge from a hospital setting and as stated relieve pressure and create additional capacity within the hospital system.

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

- a) **PURCHASE** a number of block beds across all need types within the Older Persons Residential and Nursing service to support the discharge of clients from hospital with the increase caused by Covid-19.
- b) **DELEGATE** authority to the Corporate Director for Adult Social Care and Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to review the bed and requirements and increase the numbers purchased providing the total cost remains within the approved limit of £2,494,828.44
- c) **DELEGATE** authority to the Corporate Director for Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement this decision.

1. Introduction

- 1.1 Due to the ongoing situation in the UK concerning Covid-19, there is a requirement to procure additional bed capacity from the current Older Persons Residential & Nursing market. These beds will be short term (6 months) 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.

The additional capacity requirements have been defined using the data below:

- Guidance suggests that 15,000 beds will be released in England this week (w/c 23/3/20)
- Kent's population makes up 2.8% of the total population in England. 2.6% of hospital admissions in England are Kent admissions (based on CCG of responsibility).
- This suggests that our 'share' of the 15,000 is likely to be between 384 and 420 discharges
- Based on the distribution of the additional discharges across Pathways 0-3 this suggests the following additional discharges this week:
 - Pathway 0: 192-210
 - Pathway 1: 173-189
 - Pathway 2: 15-17
 - Pathway 3: 4

2. Strategic Statement and Policy Framework

- 2.1 This decision links to KCC's Strategic Statement and specifically the strategic outcome:
- Older and vulnerable residents are safe and supported with choices to live independently.
- 2.2 This proposed decision does not relate to a plan or strategy set out in the Council's Policy Framework.

3. The Report

- 3.1 The Older Persons Residential and Nursing service was tendered in 2016. This is a framework (Dynamic Purchasing System) which allows new entrants from the residential and nursing market each week. In addition, the Dynamic Purchasing System is also used to tender a number of block beds to support short term care home stays and hospital discharge. This decision supports the expansion of these beds in order to support the Covid-19 situation.
- 3.2 Options considered:
- Do Nothing: this will lead to bed shortages within hospitals and will not support our Health colleagues as the situation with Covid-19 escalates.
 - Purchase a number of block beds via the Older Persons Residential and Nursing Contract
- 3.3 The Older Persons Residential and Nursing service was tendered in 2016 and Delegated Authority was given to the Senior Commissioner for Older Persons Residential and Nursing from the Director of Adult Social Services. Therefore, the Senior Commissioner will be responsible for contract signature.

4. Financial Implications

- 4.1 The costs of each phase, the total weekly cost, and the cost for the 6 months are as follows:

Phase	Total cost (£)
I	18525.00
II	12700.36
III	30784.58
Covid	33945.00
Total per week (£)	95,954.94
Total cost - 26 weeks (£)	2,494,828.44

This will be funded via the Covid-19 budget

5. Legal Implications

- 5.1 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.*

6. Equality Implications

- 6.1 EqIA is part of current service documentation
[\\invicta.cantium.net\kccroot\Global\SHQ\ST Strategic Commissioning\Commissioning Portfolio\Accommodation\ACCOMMODATION SOLUTIONS UNIT\Projects\OP Contract 2016\EqIA](https://invicta.cantium.net/kccroot/Global/SHQ/ST Strategic Commissioning/Commissioning Portfolio/Accommodation/ACCOMMODATION SOLUTIONS UNIT/Projects/OP Contract 2016/EqIA)

7. Data Protection Impact Assessment Implications

- 7.1 GDPR is part of current service documentation

8. Conclusions

Due to the ongoing situation in the UK concerning Covid-19, there is a requirement to procure additional bed capacity from the current Older Persons Residential & Nursing market. These beds will be short term (6 months) 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.

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

9. Recommendation(s)

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

a) **PURCHASE** a number of block beds across all need types within the Older Persons Residential and Nursing service to support the discharge of clients from hospital with the increase caused by Covid-19.

b) **DELEGATE** authority to the Corporate Director for Adult Social Care and Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to review the bed and requirements and increase the numbers purchased providing the total cost remains within the approved limit of £2,494,828.44

c) **DELEGATE** authority to the Corporate Director for Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement this decision.

10. Background Documents

None

11. Report Author

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