

By: Malcolm Newsam, Interim Corporate Director, Families and Social Care

To: Graham Gibbens, Cabinet Member, Adult Social Care and Public Health

Subject: **SHORT TERM BED SERVICE**

Classification: Unrestricted

Summary: This report outlines the background to the service and seeks Member approval to proceed with the contracting of short term beds in the Independent Sector as they relate to the Older Persons Strategy and re-provision of those services.

Background

1. (1) The Short Term Bed Service Commissioning and Contracting Strategy aims to draw together the short term bed requirements that are a result of and are to be funded from of a number of different funding streams:

- a. Older People's Direct Provision home closures requiring re-provision of respite/short breaks and intermediate care; and
- b. DH Health Monies for Social Care Outcomes funding to support re-ablement;

(2) The service aims to provide short term beds in our communities and close to individuals and their carers. The service will offer a range of residential (general frailty and dementia) and nursing beds, in the independent sector, so:

- a. the carer can book a short break at least 7 days in advance, to have some time to themselves away from their caring role thus offering the carer respite;
- b. individuals can receive intermediate care services from Health if appropriate to the needs of the client, supporting re-ablement;
- c. practitioners can assess individuals whose longer term future/outcomes are uncertain over a time defined period and aim to ensure the best outcomes for the individual in the short and longer term (thus avoiding longer term placements);
- d. emergency/crisis support can be provided for example when a carer has to go into hospital or to prevent breakdown of the caring role; and
- e. FSC can support the safeguarding of individuals and their carers.

(3) The procurement of 103 short term beds, through block contracts, will be at a total cost of £2.2M per annum (£4.4M life of the contract) assuming we are able to secure supply at Guide Price (see (g) overleaf). Of the total 103 beds only 40 (39%) are newly commissioned beds (63 are driven by the re-provisioning required through **KCC's own home closures (37 beds (e))** and other small, local contracts that are coming to the end of their contractual terms (26 beds (d)). 38 of the 40 new beds are to be funded through the new DH Health Monies for Social Care Outcomes Re-ablement Grant ((c) overleaf) as well as some of the existing beds we are aiming to re-provide (d). **Agreement is sought in relation to the contracts for the re-provision of Older Persons Strategy only at this time (column (e) overleaf).**

Short Term Beds – Summary of new/total spend

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Term	Nursing Beds (new beds new spend (DH Monies))	Dementia Residential Beds (new beds new spend (DH Monies))	Total (new beds new spend (DH Monies)) Total (a) + (b)	Re-provision (Other) (funded through DH Health Monies and existing Base Budgets)	Re-provision (OP Strategy) (re-provided services from existing Direct Provision budget)	Total Re-provision	Total Contract Cost <i>(new spend (c) + re-provision within existing KCC budgets (f))</i>
Per Annum Cost	£867k	£45k	£912k	£610k	£680k	£1.29m	£2.2m
2 Year Cost (Contract Term)	£1.73m	£90k	£1.82m	£1.22m	£1.36m	£2.58m	£4.4m

Timescale

2. (1) The DH Health Monies for Social Care Outcomes re-ablement grant was announced in January 2011. Local Authorities were then expected to work together with Health partners to act promptly in planning and delivering the required services. Member decisions regarding the DH Health Monies beds will be requested at a later date.

(2) The re-provision of existing beds is chiefly linked to the Older People's Direct Provision Home Closures. The commissioning and contracting strategy to draw requirements together has been supported by both the FSC Directorate's Strategic Commissioners Group and DMT. The need to progress procurement processes and procedures has been recognised and supported, whilst recognising delegated authority must be secured before any related contract awards can be made from August 2011.

(3) Financial Regulations require Member approval for these contractual arrangements. This paper seeks this approval in relation to the re-provision related to the Older Persons Home Closures alone. Financial agreement to re-provision has been Member agreed through the Older Persons Strategy.

Recommendation

3. (1) The Cabinet Member for Adult Social Care and Public Health is asked to grant delegated authority to the Interim Corporate Director, Families and Social Care (or another nominated officer) to approve the contract award for re-provided services in line with the Older Persons Strategy.

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Background documents: None